

HOPE

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Christmas is almost here! With twinkling lights and gifts piled high under Christmas trees, it is a season full of hope, joy, giving and holiday cheer. However, before we get caught up in the hustle and bustle of the season, let us not forget the less fortunate, our patients and of course, our loved ones. It is also a good time to reflect on what we have done during the year.

For the past 58 years, the hospital's community outreach programmes grew out of the spirit of compassionate love and mission to be inclusive and to give the gift of good health to individuals who needed an extra helping hand.

The efforts started when the FMDM Sisters cared for the chronically ill and palliative patients, thus leading to the formation of Assisi Hospice. This year, as Assisi Hospice celebrates its 50th anniversary, we have also expanded our focus to care for other vulnerable and marginalised communities in Singapore, including persons with disabilities, isolated seniors, foreign workers, and vulnerable families such as transnational families.

Recently, we were humbled to be the first private hospital, in partnership with Community Chest, to come together in solidarity to raise awareness and rally support for the Rare Disease Fund. In medicine, rare diseases are challenging to treat due to their low incidence, difficulty with diagnosis, relatively expensive medicines and the lack of affordable therapies. But with greater awareness and more research, there is growing hope for promising new therapies and even, one day, cures. We are thankful that our healthcare system is inclusive, one that not only provides quality and accessible healthcare for the masses, but is one that is also able to support patients with rare diseases on their healthcare journeys.

In the next few years, our hospital will continue to evolve and grow. This year saw the opening of the Alvernia Obstetric Screening Centre and the addition of more 2-bedder and 4-bedder rooms to St Francis ward, thus increasing our total bed count to 319 beds.

Planning of a new integrated cancer facility has also commenced, with services set to be open for cancer patients in late 2020. The centre will provide a holistic approach to cancer care by bringing together medical oncology, haematology and radiation oncology for Singaporeans in need of cancer care.

We have also turned the new earth for the new maternity and paediatric building. This 10-storey facility will house our maternity and paediatric wards, delivery suites, neonatal intensive care unit, allied health services and ancillary hospital services. It will be connected to the existing campus via a link bridge, thereby providing convenience, as well as encouraging lively communication and collaboration among doctors, colleagues and patients.

In view of our ageing population and the increasing healthcare needs of Singaporeans, we formed a partnership with Prudential, one of the top life insurance companies in Singapore. A first for both the insurer and us, this partnership allows policy holders to leave the hospital without having to pay any out-of-pocket expenses and focus solely on getting well. Meanwhile, it enables us to touch more lives with our quality care and compassion.

The work that we do at the hospital is imbued with the Franciscan spirit of compassion, humility and kindness in serving others. As a Catholic hospital, we continue the FMDM sisters' work of bringing hope to each and every patient who enters our doors.

In the midst of joyous celebrations, let us continue to reflect on our values, extend simple acts of kindness, and do our best to give the gift of hope to those who need it most.

Merry Christmas and have a blessed 2020.



Dr James Lam Kian Ming
CEO
Mount Alvernia Hospital

The First Nativity Scene

The nativity scene as we know it today dates all the way back to the life of our patron saint, St Francis of Assisi.

In 1223, St Francis, then a deacon, celebrated a special Midnight Mass at Greccio, a small Italian town built on a mountainside overlooking a beautiful valley. When he realised that the small chapel in the Franciscan hermitage would not accommodate all of the townspeople, he sought permission from the sovereign Pontiff to hold an open-air mass in the town square. Along with an altar, he set

up a manger, complete with hay, an ox and an ass, and placed an infant inside it. In the midst of this first nativity scene, he preached to the assembled crowd, reminding them of the night their Saviour was born.

Today's nativity scenes, though they tend to be created with statues and figurines instead of live infants and animals, serve the same purpose as St Francis' first living vignette. They are a visible reminder of the true meaning of Christmas – a joyous celebration of the birth of Christ.



WISHING YOU A Blessed Christmas

MAKE A JOYFUL NOISE TO THE LORD, ALL THE EARTH. WORSHIP THE LORD WITH GLADNESS, COME INTO HIS PRESENCE WITH JOYFUL SONGS. KNOW THAT THE LORD IS GOD.

PSALM 100 : 1 – 3



Dear Doc

Letter to Dr Candice Wang, Obstetrics and Gynaecology Consultant, ACJ Women's Clinic Pte Ltd, Mount Alvernia Hospital

I am a 38-year-old woman. During my recent annual health screening, I discovered that I have fibroids.
Can you explain why and how they form, what health risks they pose, and how they are treated?

Fibroids are generally non-cancerous growths in the muscle layer of the womb, which affect around 25 to 30 percent of women in the fertile age group from around 16 to 50 years of age. Though it is not fully understood how fibroids form, it is believed that the female hormones oestrogen and progesterone are somehow involved. Hence they tend to shrink in size after menopause, when hormone levels have subsided. Women who have a family history of fibroids, those who have never been pregnant, are obese, or have hypertension or diabetes, have a heightened risk of developing fibroids.

Fibroids can range in size from less than 1cm to 10cm or even larger. They can grow into the womb cavity, remain confined to the muscle layer of the womb, or grow out from the surface of the womb. Most fibroids are asymptomatic, which is probably why you only discovered them during your health screening. However, some fibroids have the following symptoms.

- Heavy menstrual bleeding can occur when fibroids grow into the cavity of the womb and cause distortion of the womb lining. This can lead to anaemia in some women.
- Infertility can develop when the fibroids grow into the womb and cause distortion of the womb cavity.
- Pelvic pain or pressure, and problems with urinating or passing motion can occur when fibroids grow out from the surface of the womb, thus applying pressure and obstruction to the bladder and intestines.
- Severe abdominal pain can be experienced if the fibroids undergo degeneration during pregnancy.

It is advisable to see a doctor when you experience any of the above symptoms. However, even if your fibroids do not cause any symptoms, they should be monitored with ultrasound scans every six to 12 months. If any drastic increases in number or size are detected, intervention may be required. In rare cases (less than 1 percent of patients), rapidly growing fibroids can develop into cancerous growths such as leiomyosarcomas – a rare type of cancer that affects smooth muscle tissue.

If your fibroids are causing symptoms, you can take medication to help reduce menstrual flow and/or iron tablets to help with anaemia. There are also hormonal medications that can help shrink the fibroids, but these can have side-effects. If medications fail to bring relief, surgery can be considered. Surgical options include removal of the fibroids (myomectomy) and removal of the entire womb (hysterectomy), via open or laparoscopic (keyhole) surgery. Some non-surgical options are available, but not all patients are suitable candidates.

Letter to Dr Oh Jen Jen, Head and Consultant, 24-Hr Clinic and Emergency Services, Mount Alvernia Hospital

I've had a high fever for the past five days, accompanied by joint and muscle pain, headache, skin rashes, nausea and vomiting. Could I have dengue fever?

Your symptoms are consistent with dengue fever, a virus that is transmitted to humans through the bite of an infectious Aedes mosquito. However, no conclusive diagnosis can be made without a blood test.

In addition to those symptoms you described, pain behind the eyes is often experienced by infected victims. In addition, rashes may develop a few days after the person has been bitten, with or without bleeding from the nose, gums or even under the skin in the form of bruises. Recurrent vomiting, abdominal pain and bleeding could indicate a severe form of infection.

There are four different variations of the dengue virus, which means that you can potentially be infected up to four times. Repeat dengue infections may be progressively more severe.

If you live within a dengue cluster and develop symptoms consistent with dengue fever, you should see a doctor immediately. Blood tests can be done at all polyclinics and some general practitioner (GP) clinics. Severe dengue cases require hospital admission for close monitoring. If you have any symptoms or signs of severe infection, you should go directly to a hospital.

The elderly and those with pre-existing medical conditions are at a higher risk of complications and should seek medical attention immediately. If you have a mild infection, you should get plenty of rest and stay well hydrated. However, if you are on restricted fluids for a heart or kidney condition, home management may not be advisable.

Victims with symptoms of severe dengue and high risk groups like the elderly and those with pre-existing medical conditions generally require hospitalisation. Needless to say, prevention is better than cure. There are some simple precautions you can take to prevent Aedes mosquito breeding.

For example, check your home frequently for pools of stagnant water and remove them immediately.

Follow the 5-step Mozzie Wipeout: turn the pail, tip the vase, flip the flowerpot plate, loosen the hardened soil, clear the roof gutter and place BTI insecticide.

To protect yourself from mosquito bites, wear long, light-coloured covered clothing, sleep under mosquito nets or in rooms with wire-mesh screens or air-conditioning and apply insect repellent.

In Singapore, Dengvaxia is approved for individuals aged 12 to 45 years old who have been previously infected with dengue. It is not recommended for those who have never had dengue. Consult your doctor to find out if you are suitable for the vaccine.

Our bodies work 24/7. So does our clinic.

Services Available

- Adult & paediatric consultations
- Management of medical and surgical emergencies
- Chronic diseases management
- Flu, Hepatitis A & B vaccinations
- Referrals to medical and dental specialists
- Diagnostic imaging and laboratory services support
- Certification of Advance Medical Directive and Lasting Power of Attorney – by appointment only



Our 24-Hr Clinic and Emergency Services are available day and night to serve you. For information on our services, call us at 6347 6210.



Serve all with Love

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You Ask

Q: I am looking at your maternity packages. May I know how much are the gynaecologists' fees? I assume they are not included in the package costs.

A: Yes, you are right. Our maternity packages only cover hospital stay charges and do not include gynaecologists' fees. For doctors' fees, you will need to check with your own gynaecologist. For more information on our maternity packages and terms and conditions, please refer to our website at <https://mtalvernia.sg/maternity/maternity-tour-and-packages/>

Q: I applied for the Alvernia Ladies Card yesterday but did not collect my card. My estimated delivery date (EDD) is coming soon and I plan to be admitted at about 8am. Do I need to have the card on hand at the time of registration? If not, can my husband collect the card later that day at the Patient Liaison Centre (PLC) and show it to the staff at the registration counter after my admission?

A: You may collect your Alvernia Ladies Card (ALC) during admission or after, depending on the time of your admission. Do let the admission staff know that you are an ALC member but have yet to collect your card. You may ask your spouse to collect it during office hours (Monday to Thursday from 8.30am to 6pm or on Friday from 8.30am to 5.30pm) at our Patient Liaison Centre (PLC), located at the main lobby. Upon collection, you may show it to the staff at the Business Office for their records. That said, it is advisable to collect your card before your EDD to enjoy the full benefits of your membership.

To find out more about the ALC, please visit <https://mtalvernia.sg/maternity/faqs/#alvernia-ladies-card>, contact PLC at 6347 6788 or email enquiry@mtalvernia.sg



Q: When will my health report be ready for collection after my health screening?

A: Report collection will only be from the seventh working day onwards, counting from the day you underwent your health screening at our Centre. However, this is also subject to the availability of our time slots. We suggest you contact our Health Screening Centre at 6347 6215 or email hsc@mtalvernia.sg to confirm the day and time for the collection of the health report.

MyAlvernia

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Cashless Medical Service

Prudential Singapore's qualifying PRUExtra Premier customers can now enjoy the convenience of cashless medical service of up to S\$30,000 in treatment from participating on-campus specialists* at Mount Alvernia Hospital.

NO DEPOSIT UPON ADMISSION, NO PAYMENT ON DISCHARGE

With this new initiative in place, qualifying patients do not have to pay a deposit at admission nor make a payment upon discharge, as Prudential will settle their medical expenses directly with Mount Alvernia Hospital.

Dr Sidharth Kachroo, Prudential Singapore's Head of Medical Portfolio Management, said, "We know this service will give our customers greater peace of mind knowing that their medical bills are taken care of and they can focus fully on treatment and recovery."

Dr James Lam Kian Ming, Chief Executive Officer of Mount Alvernia Hospital, explained, "Some of you may have personally or have loved ones being admitted in the hospital for certain medical procedures. The process can be a stressful experience for both the patients and

the family members, managing many documents and financial payments. This partnership with Prudential allows our patients to enjoy the benefits of cashless hospitalisation. And the Enhanced eLog process not only allows patients a more seamless experience during admission and discharge, they are able to leave the hospital without having to pay any out-of-pocket expenses. This will minimise the financial stress on our patients and their family members, and allow our patients to focus on getting well. For Mount Alvernia Hospital, this partnership also gives us the opportunity to touch more lives with our quality care and compassion."

ASK THE PRUPANEL CONNECT CONCIERGE

A PRUPanel Connect concierge team is now available on-site at Mount Alvernia Hospital to assist Prudential's customers on PRUShield-related enquiries from Mondays to Fridays. As part of the value-added

services provided, they offer complimentary hospital parking coupons or taxi vouchers to policyholders who are admitted for inpatient treatment or day surgery.



We welcome Prudential Singapore's customers and look forward to streamlining the paperwork and protocol associated with hospital treatment and stays. Together with our friends and partners, we hope to touch more lives with our quality care and compassion.

*Please refer to the PRUPanel Connect website for the list of specialists: <https://www.prudential.com.sg/ppc>

Our National Day Babies

Our first baby was delivered naturally at 2.06am after her mother went into labour for more than 20 hours. Weighing a healthy 3.41kg and measuring 52cm, the baby girl is the first baby for parents, Mr and Mrs Tay, both in their early thirties.

Another baby girl, Janelle Koh, weighing 2.8kg and measuring 51cm, was delivered naturally at 3am after her mother went into labour for about three hours. She is the fifth child and the second of two daughters for proud parents, Mr Louis Koh, 34 and Mdm Jasmine Wong, 36. They both work together in their own food business and met each other through mutual friends.

Our Director of Nursing, Ms Shirley Tay presented hampers and gifts from our sponsors to both sets of parents.

"I'd like to congratulate the families and am happy to share their joy as they welcome their National Day babies at our hospital," commented Ms Tay. "The families do feel special and delighted to have their newborns on National Day. We wish all babies good health and many happy and healthy years ahead."

We would like to thank our sponsors Bellamy's Organic, Kao Merries, Mums Club, Nestle and Pigeon Singapore for their generous support.



New Wing of St Francis Ward



The new wing of St Francis Ward was declared officially open after a blessing ceremony by Father Robin Lomangkok. Taking over the location

of our lecture theatre, conference room and administrative office, the expansion increased the St Francis Ward nursing team from two to three teams. This new



wing has two sets of 2-bedded rooms and 4-bedded rooms, thus increasing our total bed count to 319 beds.

'Successful Breastfeeding' Returns

Once again, Kang Phaik Gaik, Head, Parentcraft/Lactation at Alvernia Parentcraft Centre, drew a healthy crowd of more than 200 at this annual event, organised by Pigeon. Ms Kang generously shared her extensive knowledge of breastfeeding and caring for newborns with the new mums and dads, who continued to ply her with

questions after the event officially ended. Some dads also bravely volunteered to go on stage to learn how to bathe a newborn. They practised on dummy babies, and followed Ms Kang's cues as she guided and demonstrated the delicate bathing techniques.



Sea You Dad – A Father's Day Sailabration

In celebration of Father's Day this year, we held an inaugural sailing event for Alvernia Ladies Club members' husbands and children. Called 'Sea You Dad – A Father's Day Sailabration', this exclusive event attracted six pairs of fathers and children who cruised around the Southern Islands.

The father-and-child sailors got to experience the yacht, christened 'Gracefully', move by the power of the wind alone. They also tried their hand at helming and steering the boat, before anchoring at Lazarus Beach near St. John's bay for swimming, paddle boarding,



kayaking and other fun activities. On the way back to the marina at Marina Bay, the participants feasted their eyes on a stunning view of the city skyline. It was indeed a very happy Father's Day for all aboard!

Community Chest Heartstrings Walk

On 4 August 2019, some 8,000 participants stepped forward to raise more than \$2.57 million in the walk.

A contingent of Mount Alvernia Hospital staff and family members also joined in a fun walk through a 4km bicentennial-themed route around Singapore's Marina Bay, holding Mount Alvernia Hospital-branded heart-shaped balloons. It was our fourth year participating in the charity walk to raise funds.

The funds will go towards 200 social service programmes supported by the Community



Chest, which organised the walk with Marina Bay Sands (MBS). The money will help children with special needs, youth at

risk, adults with disabilities, needy families, vulnerable seniors and people with mental health conditions.

Hello, SAM!

To address the challenge of a lack of housekeeping staff due to the labour crunch, the hospital worked with our cleaning vendor to introduce SAM (Scrubber Autonomous Machine) in July this year.

This friendly robot is able to perform general, labour-intensive tasks at a consistent level – such as mopping

a large floor area, thus helping the hospital to save an average of 65 percent in hours of labour. Meanwhile, existing staff were redeployed to more intricate tasks that cannot be performed by a robot. Pending the assessment of the overall productivity level of SAM, the hospital will work with the vendor to explore ways in which SAM can further aid the team and hospital before additional deployment on site.



Short Takes

Having a Ball with Our Colleagues/
Seminar for 'Supermoms'

Having a Ball with Our Colleagues

Started by a team of radiographers in 2010, our basketball league steadily flourished with a number of basketball enthusiasts signing up. The league was eventually opened to everyone working in healthcare in 2014, and was renamed as the 'Inter-Hospital Basketball League'.

The league currently has nine teams from various healthcare institutions, including our hospital, playing for the entire season. The season includes eight games before an elimination round, and a total of 14 games if the teams reach the finals or the championship game.

To date, our team has won six games out of seven games. The team will be playing one more game before the quarter finals. Let's cheer them on!



Seminar for 'Supermoms'

Entitled 'First 1000 Days of Pregnancy and Parenthood', we were the official hospital partner for the Supermom Pregnancy Insight Seminar at Park Avenue Changi Hotel, which garnered 336 registrations from eager first-time parents.

Obstetrics and Gynaecology (O&G) doctors, Dr Chua Yang and Dr Candice Wang, Head of Parentcraft/Lactation, Kang Phaik Gaik and Senior Dietitian, Tan Shi Ling shared their expert insights into pregnancy, birth options, nutrition and breastfeeding at the well-attended seminar.



Short Takes

Piles or Cancer



Piles or Cancer

Three of our on-campus doctors from different medical specialties came together to share knowledge and deepen the public's understanding of some common symptoms, which can signify a range of medical conditions in a talk entitled 'Knowing the Truth Behind Bleeding – Piles or Cancer'.

EVERYTHING IS CONNECTED

Held by Dr Chua Tju Siang from Gastrointestinal Endoscopy & Liver Centre, Dr Derek Yong from Restore Heart Centre and Dr Mark Wong from Colorectal Clinic Associates, this informative health seminar attracted around 80 participants on a Saturday afternoon.

Dr Chua, a gastroenterologist, spoke on how specialists investigate gastrointestinal bleeding. Next, Dr Yong spoke from the perspective of an interventional cardiologist on the relationship between colorectal bleeding and our heart. Finally, Dr Wong, a colorectal and general surgeon, shared on treating piles and colorectal cancer.



Dr Chua Tju Siang



Dr Mark Wong



Dr Derek Yong

HEALTH IS WEALTH, KNOWLEDGE IS POWER

While the sudden appearance of symptoms like colorectal bleeding can be alarming, and there is a temptation to bury one's

head in the sand and hope they'll go away, the doctors advised that being vigilant can lead to early intervention and treatment that could save a life. Better informed patients mean better patient outcomes.

Health Education Overseas

Our Jakarta office recently organised events in local churches to educate church members on common acute and chronic ailments.



BONING UP ON HEART, BACK AND JOINT HEALTH

At the St Antonius Church, Dr Peter Ting and Dr Leslie Ng spoke to an audience of 180 parishioners. Dr Ting, who specialises in cardiovascular rehabilitation, shared tips on how to protect the heart and information on advanced treatments currently used to treat heart conditions.

Dr Ng, a consultant orthopaedic and spine surgeon, addressed the audience on the prevention and treatment of osteoporosis. The event concluded with a question and answer session and one-on-one consultations with the doctors.



patients. Dr Shang, a specialist in medical oncology, spoke about the risk factors for cancer and shared important information on how to prevent the disease.

INSPIRING HOPE AND SHARING KNOWLEDGE ABOUT CANCER

The second event, held at the St Gregorius Agung Church, was helmed by two medical specialists from Icon Cancer Centre Mount Alvernia – Dr Choo Bok Ai and Dr Shang Yeap. Dr Choo, a radiation oncologist, spoke about how to overcome fear, loss of hope and depression in cancer

Also present at the event was Professor Timothy Lee, Neurosurgeon of The Brain and Spine Clinic, who helmed two events over two days and spoke on dementia. The talk attracted a total of 270 participants at GKI Raya Hankam Church and Gereja Katolik Santa Perawan Maria Ratu Church.



Groundbreaking of Our New Hospital Building

The recent groundbreaking ceremony for our upcoming new maternity and paediatrics building, on the site of the former Assisi Hospice, was attended by the FMDM Sisters, our Chairman and Board Members, our Executive Team and invited guests.



Artist's impression of the new maternity and paediatrics building

Short Takes

Groundbreaking of
Our New Hospital Building



Short Takes

Groundbreaking of
Our New Hospital Building



LOOKING BACK AND LOOKING FORWARD

The site no doubt evoked a sense of nostalgia in many of the guests, since the Assisi Hospice moved there in 1993 from its original home in the Khoo Block of the hospital. Prior to that, it served as the Sisters' convent before they vacated the premises in 1992. Rich in history, it is a fitting address for our new wing, which builds on a rich legacy and furthers our commitment to care for all who seek our services.

ADDING CAPACITY, EXTENDING CARE

Targeted for completion in 2022, the new building has been designed to help meet the ever-increasing demand for quality private healthcare. This 10-storey facility will house our maternity and paediatric

wards, delivery suites, the neonatal intensive care unit, allied health services and ancillary hospital services, and be connected to our campus via a link bridge.

The development will allow us to continue to serve more patients with love. It also helps to position us for the future, equipping us to meet the needs of Singaporeans in the years ahead.

In his opening speech, our CEO Dr James Lam said, "This new building is not just about adding capacity and beds, it is also an opportunity for us to innovate so that we can formulate models of care designed around our patients' needs while ensuring comfort, accessibility and affordability. In this way, we will be able to extend our care



to as many people as possible, with the compassionate, holistic care for which Catholic healthcare services strive to be known for."

SUSTAINABLE DESIGN EMBODIES FRANCISCAN VALUES

In line with the deep respect for the environment and all forms of life that underpins Franciscan values, the proposed new wing has been designed to meet the highest certified Platinum rating standard under the Building and Construction Authority's Green Mark Scheme.

Some of the green features of the new building are a communal terrace with greenery that provides a healing environment, a well-designed ventilation system to improve air quality, and the use of environmentally-friendly products in the interior fit-out. In addition, the building will incorporate energy- and water-saving features, and special parking lots for electric and e-hybrid cars with charging stations.

A LEGACY AND A BLESSING FOR THE FUTURE

Mr Naoki Kita, Director of International Division, Shimizu Corporation, expressed his company's sincere appreciation for the opportunity to work together with Mount Alvernia Hospital to build this building. He related his company's corporate slogan, which translates as 'Today's Work, Tomorrow's Heritage', to the project at hand.

"I think this corporate slogan is very suitable for this project because this construction is not only important for Mount Alvernia Hospital but to many of our next generation, Shimizu staff as well. The next generation is your children and their children who are going to be born in Singapore. In that

sense, we, Shimizu are very honoured that we can be part of this meaningful expansion for delivering the project for the next generation," said Mr Kita.

Before the turning of the first earth, Reverend Father Clement Lee performed the rites to bless the land. During the ceremony, he blessed two identical marble tablets, one of which will be laid along with the foundations, on the cornerstone of the new building. The other is destined to be placed in the lobby of the new building, as a lasting memento to signify the importance of this milestone.

Come 2022, we look forward to serving more patients with love at our new maternity and paediatrics building.

Celebrating the Feast of St Francis

Observed annually on 4 October, the feast day celebrates the life of our patron saint, St Francis of Assisi. Staff from both Assisi Hospice and Mount Alvernia Hospital were treated to a delicious buffet spread with a selection of non-vegetarian and vegetarian dishes complete with special treats like aromatic coffee brewed with freshly ground beans and ice cream.



STELLAR STAFF PERFORMANCES

In addition, heart-warming special performances were staged by staff from both institutions. The first item on the programme was performed by the combined choir of Assisi Hospice and Mount Alvernia Hospital (affectionately known as the AHMAH choir). The choir regaled the audience with the blissful tune of the evergreen song, 'Bless This House' and a vivacious retro number, 'We are Family' from the 1992 musical comedy, 'Sister Act'.

The second performance was a stirring rendition of 'Like a Prayer' complete with

Bless the staff and patients all Let thy peace lie overall

A verse from the lyrics of
'Bless This House'

lyrics in Italian by a male staff member from Assisi Hospice. He captured the heart of almost every female in the audience!



After this 'hard act to follow' came a cheerful performance by executive team members from Assisi Hospice. They gamely sang the song written by Paul McCartney and made famous by the Beatles, 'Obladi Oblada', complete with simple percussion instruments.

Next, Sister Linda and a Mount Alvernia Hospital staff member sang 'Heart of Gold', accompanied by our CEO, Dr James Lam on the cello and an Assisi Hospice staff member on guitar. This talented quartet had performed at the Assisi Hospice's 50th Anniversary charity dinner and were specially invited to perform for this event. They did not disappoint!

The performance segment ended with a song adapted from the Prayer of St Francis – 'Make Me a Channel of Your Peace'.

We are already looking forward to next year's celebration!



It's Beginning to Taste a
Lot Like **Christmas!**
Our F&B team are preparing the annual festive menu offerings, so that patients get to enjoy a taste of Christmas while away from home and families. Naturally, good taste is always carefully balanced with nutritional value. Feast your eyes on our festive menus.

Christmas Eve Dinner Menu

Salmon Consommé with Prawn Quenelle

Poached Seabass with Ginger Cream Sauce
Parisian Potatoes/ Broccoli, Baby Carrot, Zucchini & Cauliflower

OR

Roast Turkey with Chestnut Stuffing & Cranberry Sauce
Maxim Sweet Potato & Yam, Broccoli, Baby Carrot, Zucchini & Cauliflower

Christmas Pudding

Christmas Day Lunch Menu

Cream of Wild Mushroom

Grilled Prawn with Garlic Butter Sauce Wild Rice & Anna Zucchini

OR

Honey Baked Ham with Pineapple Sauce, Fondant Potatoes,
Butter Glazed Asparagus, Cherry Tomatoes, Baby Carrots & Cauliflower

Marinated Berries

Hope Should Not Be Rare

COMMUNITY CARNIVAL

19, Punggol Town Square
Ministry of Health



The Big Event
A Disease May Be Rare,
Hope Should Never Be



A Disease May Be Rare, Hope Should Never Be

On Sunday 3 November, Mount Alvernia Hospital organised a community carnival in partnership with Community Chest and Punggol Coast Constituency, in support of the Rare Diseases Fund (RDF). It was aptly called **‘Hope Should Not Be Rare’**.

GETTING A GENTLE MOVE ON

The community carnival started with an opening prayer followed by a mass tai chi workout which took place at Punggol Town Square. The workout was led by three shifus including Sr Linda, a Sister from the Franciscan Missionaries of Divine Motherhood (FMDM) who has a black belt in taekwondo!

Numerous members of the public, aided by 40 volunteer tai chi practitioners, joined in this moving start to the day. The workout culminated in a spellbinding performance of a majestic kungfu fan dance by our three shifus.

SPEECHES AND WISHES

The opening address by our hospital's CEO Dr James Lam expressed gratitude for the opportunity to be part of the great RDF cause, and acknowledged the efforts of our colleagues in this community outreach event.

“We are very humbled to have the opportunity as the first private hospital, in partnership with Community Chest, to come together in solidarity to raise awareness for rare diseases and rally support for the Rare Disease Fund. The work that we do at the hospital is imbued with the Franciscan spirit of compassion, humility and kindness in serving others, to be life-giving and all-inclusive,” Dr Lam said.

“The ‘Hope Should Not Be Rare’ event gives us a great avenue to play our part in building an inclusive and caring society. Creating an awareness of rare diseases and playing our part towards this cause is part of the hospital's community outreach efforts,” added Dr Lam. “We are gratified to see staff giving their time and energy to drive various health education and fundraising activities to spread compassionate love and hope to the individuals who needed an extra helping hand. I was very heartened by the tremendous Mount Alvernia Hospital team spirit that could be seen and felt throughout the whole event!”



Dr Lam's address was followed by a speech by Guest-of-Honour, Senior Minister of State for Law and Health, Mr Edwin Tong. During his speech, Mr Tong expressed his hope for more companies, community groups and individuals to step forward and support the RDF in future, so that more diseases and more patients could be covered. He also announced that the RDF, which covered three conditions at the time of its launch in July, now covers a fourth rare disease – namely Pompe disease, a rare inherited neuromuscular disorder. Pompe disease affects about one in every 40,000 live births and patients can incur medical expenses in excess of \$500,000 each year.



“The theme is ‘Hope Should Not Be Rare’. We agree absolutely as whatever the disease is, hope should always be there. It is an appropriate theme as we continue to strengthen support for patients with rare diseases and continue to raise public awareness of such diseases. I would like to thank Mount Alvernia Hospital very warmly and from the bottom of my heart, for organising this meaningful event,” said Mr Tong.

Mr Tong also commended Mount Alvernia Hospital for its focused and dedicated community outreach efforts. “Mount Alvernia Hospital is driven by a strong social mission,



and has consistently utilised its surpluses to fund outreach programmes that serve and help the community in many different ways. The hospital's community outreach medical and dental clinics, located at the Enabling Village at Redhill and Agape Village at Toa Payoh, have benefitted many families from disadvantaged backgrounds,” he said. “Today's carnival is yet another example of this.”

CARNIVAL FUN

At around 10am, the carnival proper kicked off and the serious fun began. A colouring contest and carnival games, pumping workouts and wushu demos, music and

The Big Event

A Disease May Be Rare,
Hope Should Never Be

magic shows, munching and shopping – all the ingredients of a classic community carnival were in the mix.

The air was filled with the laughter and squeals of happy children jumping for joy in the bouncy castle – not to mention the infectious beat of the 'Cardio Latino' and 'FunkBlitz®' fitness sessions sponsored by **Amore Fitness**.

A cosy bazaar catered to Singaporeans' renowned love of shopping. All Things Green sold miniature pot plants sponsored by **Soon Landscape Supply** and **Green Thumb X**, Mama Shop sold ladies' accessories,



stationery, bags and health products, sponsored by **Mumsclub** and **OGAWA**, and **Noel Gifts** sold commemorative and collectible bicentennial coins. Food and drinks stalls did a brisk trade in traditional local sweets and snacks and ice-cold drinks, sponsored by **idsMED**, **F&N Foods** and **FrieslandCampina**. A free-for-all Milo van, candy floss and popcorn kept the kids hydrated and happy!

MUSICAL MEDICOS

At around noon, the crowd was treated to a rousing performance by **Only Med Docs**, a group of doctors from Mount Alvernia Hospital. The lineup included a hand surgeon, an eye surgeon, family physicians and our very own CEO. There was even a father and son team on keyboards and lead guitar!

LIVING WITH A RARE DISEASE

On a more heart-warming note, carnival-goers got to meet two special young people who are living with rare diseases. One of them, Christopher, was on stage with his parents, who shared about living with a rare disease together with his specialist doctor. The other beneficiary, Zecia was present to lend her support to the event.



The Big Event

A Disease May Be Rare,
Hope Should Never Be

Christopher's Story

Christopher has an extremely rare condition called bile acid synthesis disorder. With fewer than 50 reported cases around the world, this condition interferes with the production of bile acids such as cholic acid, which helps the flow of excretion of bile from the liver and assists in the absorption of fat and fat-soluble vitamins from food. Without cholic acid, toxic bile acids will build up and damage the liver, causing it to fail, and ultimately requiring early liver transplantation.

Christopher's condition was discovered when he was 4 months old, after his parents noticed that a scratch on his nose and a prick from a blood test left his nose and finger bleeding for more than 30 hours. His eyes and skin were also



jaundiced, and he was slow to gain weight, leaving him at the bottom of the growth chart.

Christopher's medicine currently costs about \$7,000 a month, and he will require higher doses as he grows older and gains

weight. His family is naturally worried about treatment costs as he has to be on medication for life.

The good news is, the medicine works. Today, Christopher is a fun-loving 3-year-old who loves music and big open spaces.

Zecia's Story

Eleven-year-old Zecia has Gaucher disease, a rare neurodegenerative condition where her body does not produce an enzyme to get rid of a specific type of fat. This fatty substance can then build up in various organs causing damage. She is one of only a handful of children in Singapore who have this rare ailment.

When Zecia was first diagnosed, her liver and spleen were extremely enlarged and hence her abdomen was severely distended. This affected her ability to eat and her growth was poor. Her bone marrow was also not functioning well, leading to easy bleeding and a low blood count. Her father recalled how the disease caused her stomach to become so bloated as a toddler that she couldn't balance well and kept falling.

As Gaucher disease was very rare, it took more time to arrive at a definitive diagnosis. To manage her condition, Zecia requires fortnightly enzyme replacement therapy for life, which costs her family more than S\$24,000 a month. Without the treatment, her liver and spleen will swell progressively and affect her health and life. Further



accumulation of the fatty substance in her bone marrow and brain could eventually prove fatal.

With treatment, Zecia's liver and spleen have reduced in size and her abdomen is no longer distended. Her bone marrow is now functioning normally and she is able to attend school like any other child.

As the medicine is expensive, the family is unable to afford the treatment on their own. They must provide not only for Zecia but her two siblings and a grandfather who is

receiving treatment for cancer. Fortunately, the fund offers financial assistance to the family to help reduce the burden.

However, Zecia needs treatment for the rest of her life. Like Christopher, she will need a higher dose of medicine as she grows and the costs will increase proportionately.

For now, Zecia is enjoying every moment of her childhood. She loves to draw and do paper crafts, and hopes to be an artist when she grows up.

The Big Event

A Disease May Be Rare,
Hope Should Never Be

GRATEFUL AND HOPEFUL

We take this opportunity to reiterate our thanks to all of our generous sponsors who supported us with cash or in kind, including our Gold Sponsor **idsMED**, our Silver Sponsor **Weishen Industrial Services**, our Bronze Sponsor **FrieslandCampina**; and our Supporting Sponsors: 3D Networks, Amore Fitness, BigShot Photostudio, F&N Foods, Green Thumb X, ITS Medical and Science, Mumsclub, Nestle, Noel Gifts, OETEO, OGAWA, Pentel, Shimizu Corporation, Soon Landscape Supply, and umisushi.

In partnership with Community Chest, we raised more than S\$200,000 for the beneficiaries of the Rare Disease Fund after a 3-to-1 Government matching.

To our staff volunteers and everyone who came and supported 'Hope Should Not Be Rare', we say a resounding 'Thank You'.



The Big Event

A Disease May Be Rare,
Hope Should Never Be

Let's Talk About Rare Diseases

Dr Tan Ee Shien, Head and Senior Consultant, Genetics Service, Department of Paediatrics at KK Women's and Children's Hospital, spoke at the 'Hope Should Not Be Rare' community carnival. Here, she shares more about rare diseases.



'COMMON' RARE DISEASES

The rare diseases that Dr Tan sees in her patients include those caused by inborn errors of metabolism.

"These patients have problems in the metabolism of various food substances such as protein. The body does not metabolise protein normally and this can lead to a build-up of acid in the blood. The child can present with vomiting, poor feeding or even more seriously, with seizures or decreased consciousness," shared Dr Tan.

There are also other groups of rare diseases that affect the physical development or mental development of the child.

LIVING WITH A RARE DISEASE

Typically, rare diseases take a long time to diagnose.

"Though we do not have local statistics, studies done in the US show that, on average, it takes about seven years to reach a diagnosis. We often call it the diagnostic odyssey," shared Dr Tan.

Rare diseases can be difficult to diagnose not only because of their relative obscurity but also because the tests required can be

expensive. Once a diagnosis is reached, a new set of challenges presents itself – including the cost of treatment and the relative ignorance of the public with regard to the condition.

"When patients and their families share the diagnosis with their friends and families, they are often met with blank stares. It can be very isolating as few people in the community understand their condition," shared Dr Tan.

Since rare diseases often affect multiple organ systems, they can lead to frequent hospital admissions. Compounding the emotional and physical stress for parents and families dealing with a child who is continually unwell is the stress associated with the financial burden of hospitalisation and medication costs.

DIAGNOSIS AND TREATMENT

Though Dr Tan admits that working with rare diseases comes with its own set of challenges, she is quick to point out the rewards.

"Undertaking this journey with my young patients can be very rewarding, especially seeing how a diagnosis brings clarity and closure to their families," said Dr Tan.



THE FUTURE LOOKS BRIGHTER

It is Dr Tan's hope, and the hope of all involved with RDF including Mount Alvernia Hospital, that Singaporeans with rare diseases will be diagnosed as swiftly and efficiently as possible, empowered with a full understanding of their condition, and provided with the best treatment options available.

Advances in technology are making the diagnosis of rare diseases swifter and more accurate than ever before. Around the world, relentless research and development are set to bear fruit with innovative new therapies. Closer to home, mindsets are changing for the better.

"I see a community that is more gracious and inclusive, leading to increasing acceptance and support for these patients," said Dr Tan.

Hope is definitely on the horizon.



HOPE FLOATS

“Besides having the support of family and colleagues, staying hopeful is the single most important thing we need to get us through difficult times. Hope helps us to stay positive and work towards a better outcome for any given situation.”

Koo Hoong Mun,
Community Outreach Executive

“Whatever the disease may be, whatever rarity the disease is, hope should always be there.”

Mr Edwin Tong,
Senior Minister of State
for Law and Health

With exciting advances in healthcare leading to improved patient outcomes, newly announced Government funding for patients with rare diseases and the festive season upon us, hope is in the air.

Spiritual and emotional benefits aside, hope has been linked to resilience in patients suffering from life-threatening conditions. Hope helps patients commit to gruelling treatment plans, fortified by the belief that medical science can triumph even against the odds.

HOPE – it’s a wonderful thing and a powerful force for good. On that note, we hope you enjoy these hope-filled stories from our colleagues.



“As I was hugging her I felt the presence of God’s love and peace surrounding both of us. God has a purpose for me and I am an instrument of His love.”

Agnes Dass, Senior Nurse Manager

A LIFE OF LOVING, A LEGACY OF HOPE

The patron saint of our hospital, St Francis of Assisi, was believed to have received the Stigmata (an imprint of the five wounds of Christ) at La Verna, the mountain in Italy, from which the hospital takes its name.

Given our association with St Francis, we celebrate the Feast of Stigmata and the Feast Day of St Francis every year, on 17 September and 4 October respectively.

This is a time for reflection on the life and good works of our patron saint and what that means to us in our work at our hospital. As in previous years, we invited a few staff to share their reflections. While our staff members’ stories differed in details, they shared a common theme of hope.

A Hug Gives Hope

Agnes Dass, Senior Nurse Manager, Day Surgery, shared her story of an encounter with a young female patient. While she was tending her surgical wounds, the woman burst into tears and shared that her life had been near-perfect, as a young mother of two healthy children, until she was recently diagnosed with a rare congenital brain disorder. Agnes comforted her and encouraged her to be brave and strong,



Agnes Dass of Day Surgery Ward presented a poster entitled ‘Improving Patient Safety with Nurse-led Discharge’ at the International Forum on Quality and Safety in Healthcare, 18 to 20 September in Taipei

promising her that she would pray for her. The patient asked Agnes for a hug, which she gladly gave. “As I was hugging her I felt the presence of God’s love and peace surrounding both of us,” recalled Agnes. “God has a purpose for me and I am an instrument of His love.”

VALUES THAT CENTRE ON THE WORTH OF EVERY INDIVIDUAL

The actions of Agnes truly embody our values in action. We strive to treat every patient and colleague as a ‘whole person’ with a name and a face and a unique life story, not a number in a system.

Our core values stem from the life of our patron saint, St Francis of Assisi, and reflect our Franciscan roots. They are summed up in the acronym ‘CHIRP’, which stands for – compassion, humility, integrity, respect and peace.





THE CORE VALUES OF MOUNT ALVERNIA HOSPITAL

Compassion: the capacity to enter into another's joy and sorrow

Humility: recognising that everyone is created equal

Integrity: seeking always to act, speak and make decisions that reflect our values in a spirit of honesty and authenticity

Respect: treating each person we encounter with reverence

Peace: being committed to building life-giving relationships with all

Though today our colleagues may hail from various religions, they all strive to embody these values in their workday lives. Humility in particular is a quality that comes through in all of our daily interactions with colleagues, patients and their families. This culture of compassionate love, which pervades every staff level and area of our organisation, enables us to build life-giving relationships with all.

In fact, our current CEO, Dr James Lam Kian Ming, does not describe Mount Alvernia Hospital's team as 'staff', but rather as 'colleagues'. It speaks volumes about his leadership style.

On that very topic, Dr Lam said, "Being a leader doesn't make a person better than anybody else. Having humility and empathy will help a person to be open to ideas and opinions, and therefore have a listening ear and be a caring person."

COLLEAGUES HELPING COLLEAGUES

The CHIRP values of Mount Alvernia Hospital extend not only to the patients and their families, but also to every individual colleague, regardless of rank, who makes up the extended family of Mount Alvernia Hospital's clinical services, nursing, operations, pastoral, administrative and ancillary staff.

The following real-life stories show how truly blessed we are to be surrounded by the empathy and support of our colleagues.

The Road to Recovery, Made Smoother

In May 2018, Koo Hoong Mun, a Community Outreach executive with our Corporate Development Division, experienced a bout of violent vomiting and was rushed to hospital. The diagnosis – acute pancreatitis caused by infected pancreatic necrosis, is a life-threatening condition. Thereafter he was frequently hospitalised for multiple procedures until November 2018, when he started to gradually recover. However, a new condition was discovered soon after – a bone cyst near his nose that was surgically removed in March this year.

"Having humility and empathy will help a person to be open to ideas and opinions, and therefore have a listening ear and be a caring person."

Dr James Lam Kian Ming,
CEO, Mount Alvernia Hospital

The double whammy of health crises would have demolished the morale of many, but not Hoong Mun. Though he was treated at a public hospital, his supervisor

and director from Mount Alvernia Hospital personally saw to it that he was receiving optimal treatment for his condition. The hospital's allowance of six months for hospitalisation leave also helped put his mind at rest, and the frequent visits from colleagues and members of the Clinical Pastoral Care team were a great morale booster.

When it became apparent that his hospitalisation leave would soon be exhausted, his supervisor sought management approval to put him on the Long-Term Medical Leave scheme. She also kept tabs on his hospital bills and made sure that staff benefits would cover the shortfall after government subsidies and insurance.

"My colleagues' regular visits reassured me that I was still part of the Mount Alvernia family, for which I am forever grateful," recalled Hoong Mun.

When Hoong Mun finally returned to work after slightly more than a year's absence, he was given light duties and flexi hours in view of his relatively frail health. His colleagues made an effort to eat with him and encourage his adherence to his restricted diet. And since he was in the habit of being the first to arrive and the last to leave, they even made a concerted effort to 'chase' him home in the initial weeks of his return to work.

Another colleague who had a driver's licence, but had not driven for years, took a refresher driving course so that she could take over Hoong Mun's duties such as delivering medication and consumerables to our outreach clinics as well as travelling to outreach activities.

Today, Hoong Mun's journey to full recovery is ongoing and fully supported by his loving colleagues and friends.

"Besides having the support of family and colleagues, staying hopeful is the single most important thing we need to get us through difficult times. Hope helps us to

stay positive and work towards a better outcome for any given situation," shared Hoong Mun.

Loss, Cushioned By Love

Our 45-year-old Malaysian colleague, Malar Kodi Raman, a phlebotomist (a trained collector of blood samples), was in a traffic accident in 2018 with her husband. Tragically, her husband did not survive. The unforeseen blow was one in a series of misfortunes that had befallen the family. Malar and her late husband had made the difficult decision to send her two children to study in India.

The accident happened on a Saturday when Malar was returning home from work. Though she was seriously injured, her first instinct was to call her supervisor at her office in the hospital.

Malar's supervisor, Sook Yin, vividly recalls the moment she first heard of Malar's plight. She was actually at the hospital attending a talk together with other laboratory colleagues. Midway through the talk, she received a message from a colleague in her laboratory chat group, saying that Malar had called to say that she had been in an accident. After that call, she was uncontactable.

After calling various hospitals, Malar's colleagues managed to track her down at a public hospital, where she was warded in the Emergency Department. A few of her colleagues rushed to the hospital, and were told that she and her husband were being operated on. After several hours, a doctor broke the news that Malar's husband had passed on. When Malar regained consciousness, she was momentarily confused and did not immediately register the death of her husband. Her colleagues did their best to console her.

Knowing that Malar had no relatives in Singapore, and children studying in India, Malar's colleagues swung into action and began a busy round of phone calls to Malar's relatives and friends to inform them about her accident. With assistance from

a Traffic Police Officer, they retrieved her late husband's mobile phone and located the children's guardian to arrange for their immediate return to Singapore.

"I was in hospital for six weeks, with three days in ICU, and had eight or nine surgeries," recalled Malar. "All my colleagues, right up to the top management, were always visiting me, asking after me and praying for me. The clinic doctors too. Their positive words motivated me a lot."

On top of the loss of her husband, Malar had to face the financial burden of servicing multiple loans – one she had taken to fund her studies to become a phlebotomist, and a housing loan. Her colleagues collected donations which paid for her son's school fees that year, as well as her loan repayments.

Work has been a saving grace for Malar, for when she is focused on her job, she has no time to dwell on her loss. She is also applying for Permanent Resident status in Singapore. If her application is successful, she hopes to bring her daughter, who is doing her O-levels, to stay with her here.

Meanwhile, Malar is an active volunteer with the hospital's Community Outreach team. She also cherishes the friendships she has made in the hospital.

"I still can continue on my journey because of my friends and my kids," said Malar.

CARING FOR THE WHOLE PERSON

Our clinical pastoral care (CPC) colleagues not only offer an extra helping hand to both Hoong Mun and Malar, they also offer companionship to patients on their uniquely personal journeys. They lend a listening ear, offer a shoulder to cry on, and basically do all that they can to help patients restore their wholeness and their relationships with others.

To date, we are the only hospital that has a dedicated CPC team also known as Pastoral Carers, on campus. While

our medical team focuses on our patients' physical well-being, CPC cares for their emotional and spiritual well-being.

In fact, CPC is extended not only to our hospital patients, their families and staff, but also to our colleagues and the patients and their families at Assisi Hospice. Whenever there is an emergency in the wards, doctors and nurses are alerted and our Pastoral Carers are also mobilised to go immediately to the patient's bedside.



While our CPC team members walk the wards daily, their services are available on call. Patients are invited to call upon their services if they are feeling anxious, alone or sad, if they would like someone to pray with or for them, or if they would simply like a non-judgemental person to talk to in an environment of trust and confidentiality.

CPC also upholds our hospital's tradition of providing a unique blessing service to parents and their little ones, just before leaving the hospital for home. It is open to all, regardless of religion, and involves a short prayer infused with hope for a blessed life.



Community Outreach

OUR VALUES IN ACTION

Beyond our hospital campus, our colleagues are active around the island and sometimes even beyond our shores as volunteers in our Community Outreach initiatives. Their actions are motivated by the same 'CHIRP' values that characterise their working lives – first and foremost, by compassion – to bring care, comfort and ultimately hope to the lives they touch.

Here are some of the outreach works that they have done this year.



Smiles for Good

One hot Saturday afternoon, an unsuspecting golfer was moved into action when he came across a hardworking caddie who was toothless except for two canines. This chance encounter on the golf course is where the story of Smiles for Good begins.

MOVED TO ACT

Immediately, the kind-hearted golfer decided to launch a project to provide free dentures to the needy and committed to fund the first 40 dentures himself while rallying the support of Caritas Singapore (CS) and Mount Alvernia Hospital's Outreach team. Thus Smiles for Good was birthed.

We spoke to four beneficiaries of this programme – 73-year-old Mr Tan Sioh Tee, 80-year-old Mdm Oh Swee Kim, 58-year-old Mr Ng Say Huat and 89-year-old Julia Ng.

SHAPING SMILES AND CHANGING LIVES

Looking sturdy at 73 years old, Mr Tan Sioh Tee was referred to the programme

by the Society of St Vincent de Paul (SSVP), a member organisation of CS. He was keen for new upper dentures as the existing one was a bad fit, which affected his eating. When worn together with the lower dentures which were made five years ago, the upper ones did not sit very well above the lower dentures and kept falling out. Looking at himself in the mirror, Mr Tan was happy



Tan Sioh Tee



Ng Suay Huat



Julia Ng



Oh Swee Kim

and excited to try out his new dentures when he would be able to eat after the one-hour restriction. He also expressed his gratitude to the staff at SSVP and our outreach team for the new dentures.

Another referral from SSVP, Mr Ng Suay Huat had never worn dentures and faced difficulties eating hard and tough foods. He had full upper and partial lower dentures made after going through seven appointments consisting of screening, treatment and recovery. Looking nervous and apprehensive after his first fitting, he needed some help to get accustomed to biting down so that the upper and lower dentures are perfectly aligned. When asked what he would like to eat after getting his dentures, he shared that he cannot wait to chomp on fried chicken for his first meal!

Petite and frail-looking, Mdm Oh Swee Kim was referred by Thye Hwa Kuan Senior Activity Centre at Toa Payoh. Visiting our dental clinic at Agape Village for her post-denture review, she had her loose tooth removed and full

upper and partial lower dentures made. Looking at us, she was overwhelmed with gratitude. Her big bright eyes brimmed with tears as she said, "Thank you, Thye Hwa Kuan and Mount Alvernia Hospital Outreach for short-listing me for this (dental work)."

Mdm Julia Ng has suffered from osteoporosis since 2010, and is confined to a wheelchair. Her old dentures had come loose and it was challenging for her to eat during meal times. Thus she was referred by her granddaughter, to have new ones made. During the denture fabrication process, the volunteer dentist improvised a special arrangement for Julia. Instead of making her sit in the dentist chair, Julia remained seated comfortably in her wheelchair while supporting her head on the headrest of the dentist chair. After being fitted with her new dentures, she smiled at her reflection in the mirror. When asked if

she felt that she looked better with her new set of pearlies, she beamed, "Yes, I look better!"

SMILE – FOR PHYSICAL, EMOTIONAL AND MENTAL HEALTH

Having a proper set of teeth is very important. Apart from nutrition and health implications, toothlessness can result in a reluctance to smile or communicate due to low self-esteem, and can even lead to depression. Conversely, a conscious effort to smile can trigger the release of feel-good hormones like dopamine and serotonin and 'trick your brain' into happiness. Smiles are also catching.

Smiles for Good hopes to get the whole world smiling, one restored smile at a time.





SPECTacular Results

Mr Habib, a canteen stall operator at Jingshan Primary School in Ang Mo Kio, was a recent beneficiary of the SPECTacular Experience*. He underwent cataract operations on both eyes at Mount Alvernia Hospital. Previously plagued by blurring vision in both eyes, which could have led to blindness, Mr Habib is elated to have clear vision now.

Sharing his experience, he said that Dr David Chan from Atlas Eye Specialist Centre, a Mount Alvernia Hospital Outreach programme partner, performed the surgery on his eyes on a pro-bono basis. He would not have been able to afford the surgery otherwise. Throughout the journey – from eye examination to post-op reviews, Dr Chan was very encouraging and friendly. In fact, both men struck up such camaraderie that Mr Habib claimed that Dr Chan was the first person that he wanted to see when he opened his eyes after the operation!

A grateful Mr Habib informed his friends and family about his sharper vision and looks forward to a 'brighter' life. He also said that he will always remember our hospital not just for the operation but also for the fact that his granddaughter was born here.

*The SPECTacular Experience is organised by People's Association in partnership with Mount Alvernia Hospital Outreach programme and other organisations to provide free eye care products and services for low-income Singaporeans.



Helping Homeless Friends

An article in the local newspaper on the homeless situation in Singapore made us aware of the good work being done by the Homeless Hearts of Singapore (HHOS). As the homeless were on the radar of our outreach team, we contacted HHOS with the hope of meeting their beneficiaries' primary medical and dental needs. This resulted in the Healthcare Day on 20 July 2019 when we conducted a community outreach tie-up with Homeless Hearts of Singapore to reach out to the homeless by providing medical checkups and free flu vaccination at the Yio Chu Kang Chapel.

At the event, our volunteer doctor Dr Eileen Soon held a mobile clinic and flu vaccination session. The mobile clinic provided consultation and medication for acute illnesses such as the common cold, pains, headache and giddiness. Flu vaccination shots were administered to our homeless friends, who were also given their health checks at the mobile clinic.

During the session, a referral was made for one of the homeless friends to see a cardiologist for further investigation. Post-event, our on-campus specialist Dr Brian Khoo saw the patient pro bono. He was also referred to the outreach medical clinic for the management of his chronic condition.

We also extended the services of our outreach clinics to our homeless friends and waived off the nominal charges.

Two members from the outreach team also joined HHOS during one of their fortnightly outreach sessions. During the session, they identified some homeless friends who required primary care and referred them to our outreach clinics. In the days leading up to the Healthcare Day, the HHOS team also went around educating the homeless friends about the importance of taking care of their health and encouraged them to attend the event.

We hope to continue partnering HHOS and other commendable organisations whose values and missions are aligned with our own. Alone, we can do so much. Together, we can do so much more.



Extending Care to Persons with Special Needs

As part of our unceasing efforts to bring healthcare services to the less privileged and to serve the vulnerable and underserved, Mount Alvernia Outreach Medical and Dental Clinics are providing a one-year renewable membership to persons with Mild Intellectual Disability (MID).

LOW-COST PRIMARY HEALTHCARE

This membership allows the members to visit any of our Outreach Medical or Dental Clinics for primary healthcare services at highly subsidised rates – \$5 for medical and \$10 for dental, respectively. The outreach clinics are located at Agape Village in Toa Payoh and Enabling Village in Lengkok Bahru.

This outreach effort benefits more than 40 individuals who have attended APSN's special education schools and centre, supporting them into their adult years as alumni members of the Association. This group forms the majority of persons with MID in Singapore, and there are plans to expand this service to the entire APSN alumni population.

One of the beneficiaries of our Outreach Dental Clinic is Ms Germaine Teo, a 31-year-old waitress. Her procedure, including an X-Ray and tooth extraction, would have amounted to \$208.40 at a commercial clinic, but Ms Teo paid only \$10. Madam Joo Lee Ho, Germaine's mother who works as a cashier, said, "I'm very relieved as this service helps lessen our financial burden."

A MEANINGFUL PARTNERSHIP

Dr Christopher Tay, Chief Executive Officer of APSN, explained why many alumni neglect their health and their teeth.

"A lot of the MID population cannot afford medical and dental costs at private clinics and, sometimes, the wait at polyclinics can be very long. The situation gets

exacerbated when they lose their jobs," said Dr Tay. "Mount Alvernia Hospital's generosity and APSN's passionate work in this partnership are really meeting a great need in this community."

Mr Goh Hock Soon, Director of Corporate Development, said, "We realise that not everyone has the means or resources to take care of their basic health needs, even if they know their health status. Alumni of APSN are an example. A number of them still require help to reintegrate and to be gainfully employed before they can become self-sufficient. We reach out to them by providing the alumni a familiar place where they know they can be cared for in terms of their medical and dental needs."

IN JOYFUL HOPE

The values of our founders continue to underpin our actions and interactions with our patients, our colleagues and every sector of the community. We look forward to serving our new patients with love, and hope to extend subsidised medical and dental services to many more.

Here's wishing you a Christmas filled with peace, love, joy and hope.





Once a Nurse, Always a Nurse

Nursing is more than a job, it is a calling. Nurses never truly knock off work, and they carry their healing skills with them, like an invisible toolkit, wherever they go. While they always hope that their patients will recover quickly from whatever ails them, they are ever-willing to travel the journey with them, however long and arduous the road ahead. We asked our nurses – both veterans and new, to share their experiences outside of the hospital campus. Here are their stories.

DUTY CALLS

Singaporean Kartikawani Binti Asmawi (Wani), a 49-year-old nurse manager at our Delivery Suite with 31 years of nursing experience, told us a story of how one chance encounter changed the course of lives.



Kartikawani Binti Asmawi
Nurse Manager, Delivery Suite

In May 2000, on her way to work early one morning, Wani saw a solitary young woman sitting under her void deck, crying. Her nursing instincts kicked in and she went over to see if she could help.

Upon approaching the young woman, Wani noticed the bulge in her tummy and realised she was having strong labour contractions. Between contractions, she spoke to the woman and found out that not only was she unmarried, but amazingly, her parents were unaware that she was pregnant.

Wani escorted the young woman to a hospital, where she delivered a baby girl, and rushed to visit them after her shift had ended. The distraught new mum told Wani that she did not want to keep her baby and had nobody to turn to. Without hesitation, Wani invited her to stay with her for a few days and taught her how to care for her post-delivery wounds.

What happened next goes so far beyond the call of duty that it is almost unimaginable.

“I decided to adopt her baby,” recalled Wani. “I felt strongly that it was my duty – God had chosen me to carry out this responsibility. Now my beautiful gift from God is 19 years old.”

In Wani’s case, her nurse’s reflex to help a stranger in distress led to the introduction of a new family member and a lifetime commitment of love and care. However, her acts of kindness do not stop there, as she is also a lifelong volunteer.

To date, Wani has ventured overseas with the Youth Foundation to Cambodia and Kolkata (Calcutta) to conduct health screenings and hand hygiene workshops for sexually abused children. She has also visited villages in Kolkata to teach the importance of clean water, hand hygiene and proper sanitation, and conducted family planning and health talks. She has even helped villagers dig wells to access clean water.

Wani hopes that she will be able to help many less fortunate individuals for many years to come.

MY NEIGHBOUR, MY PATIENT

Senior Enrolled Nurse Panimalar A. Thangaveloo (Malar), a 58-year-old veteran who has been in nursing for 35 years – the last 27 of them at Mount Alvernia Hospital, works in our postnatal ward. Like all of the nurses whom we spoke to, her work does not end when she finishes her shift.

“When I see mothers and babies or elderly people around my neighbourhood, they often share with me the difficulties they are facing. I always offer to go to their homes and give them support,” shared Malar. “I feel very satisfied that I am able to help others with the skills that I have learnt.”

Malar vividly recalled one memorable morning when she heard her phone rang as she returned home from her night shift. Her neighbour was sobbing, as her husband was experiencing severe chest

“When I see mothers and babies or elderly people around my neighbourhood, they often share with me the difficulties they are facing. I always offer to go to their homes and give them support.”

Panimalar A. Thangaveloo, Senior Nurse



Panimalar A. Thangaveloo,
Senior Enrolled Nurse, St Michael Ward

pains and she clearly needed help. Malar calmly called an ambulance, headed to her neighbour’s house and waited for the ambulance to arrive.

Malar accompanied her neighbours in the ambulance, where the husband underwent surgery for life-threatening heart blockages. Thanks to her quick response to her neighbour's SOS call, he was treated in time and eventually made a full recovery.

Of course, neighbourly gestures need not be confined to life-and-death situations. There is value in small acts of everyday kindness. Malaysian Staff Nurse Koh Eng Leng, who has been working in our St Clare Ward for almost three years, makes a point of helping the elderly at the supermarket and when crossing the road. She attributes her inclination to help those in need not so much to her nurse's training but to the values she had.

"I believe it is a natural instinct to offer help whenever I can. It should be done with sincerity, a good heart and no expectation of anything in return," shared Eng Leng.

Eng Leng hopes that kindness can be paid forward. "Being kind to one another is what the world needs most," she said.

MY BROTHER, MY PATIENT

A relative newcomer to nursing, 28-year-old Rebecca Yap has been working in postnatal care at Mount Alvernia Hospital for the past three years. It was the medical requirements of her brother that first inspired her to enter the nursing profession.

"My brother has had a series of ear surgeries. In the past, I always tried to explain the purpose of his various medications to my family members and clean his wound," said Rebecca. "As a trained nurse, I now have the knowledge and skills to care for him whenever my parents are not around, instead of entrusting his care to others."

While nursing may be a career that is sometimes embarked on for personal reasons, as it was in Rebecca's case, it

often becomes a passion without limits and a compassion for all of humanity. Today, Rebecca derives great satisfaction from exercising her nursing skills on her patients in the wards as well as her brother at home.

In fact, Rebecca hopes to one day touch the lives of people much further from home. "When I have better skills and knowledge, I would love to join Nursing Beyond Borders to help and care for people outside of our country," she said.

"When I have better skills and knowledge, I would love to join Nursing Beyond Borders to help and care for people outside of our country."

Rebecca Yap, Postnatal Care

TEACHING IS A WAY OF HELPING

Sometimes the best way to help is to teach somebody else how to help. Shelia, a registered nurse who has been working at Mount Alvernia Hospital for the past eight years, shared how she helped her late friend care for his wheelchair-bound diabetic mother.

"I looked at the nasty wound on her buttock and realised that it was a pressure ulcer that required treatment and care. Despite knowing how to proceed, I knew I needed to involve my friend and his father in the patient's care. After helping them cleanse and dress the wound, I imparted the necessary knowledge and skills for them to monitor its progress and promote healing," said Shelia.

Her 'students' fared well, and so did the patient. Shelia still remembered the satisfaction she felt from knowing that her nursing skills had had a positive impact on lives outside of her workplace.



Shelia Tan, Senior Staff Nurse, St Francis Ward

Shelia hopes to continue to contribute to society, on and off duty. "As a nurse, the notion of 'being there to help' is ever-present in my mind. My role as a nurse does not cease when I leave my ward. For family, friends or strangers, I am happy to share my knowledge and use my skills anywhere, anytime," she said.

FROM A CAREER CHOICE TO A CHOSEN LIFESTYLE

April Camille Adres, Senior Staff Nurse, Intensive Care Unit, hails from the Philippines and has worked at Mount Alvernia Hospital for the past seven years. She eloquently described her personal journey of being a nurse.

"For me, nursing has seamlessly transitioned from being a 'professional

"As a nurse, the notion of 'being there to help' is ever-present in my mind. My role as a nurse does not cease when I leave my ward. For family, friends or strangers, I am happy to share my knowledge and use my skills anywhere, anytime."

Shelia Tan,
Senior Staff Nurse, St Francis Ward

career' to a 'personal lifestyle' – a way of living. As I have grown in the industry of caring and acquired a set of 'habits' that I practise 24/7, day in, day out," shared April. She also spoke about what she calls her 'assessing eye' – a peculiar radar that is constantly scanning the world for medical emergencies.

"For example, I might be sitting beside an uncle or aunt on the train or bus, and I see that their feet are swollen. It will prompt me to think – do they have a heart problem or a renal problem? Are they passing urine with ease? Are they having difficulty breathing while lying down or climbing the stairs? I always have that itch to ask if they have seen a doctor to check on their swelling feet," shared April.

Closer to home, she is the go-to healthcare resource for her family members. She is constantly impressing the importance of hand hygiene upon her niece and nephews. Despite underlining the point that she is not a doctor, she is continually plied with questions on



April Camille Adres,
Senior Staff Nurse, Intensive Care Unit

every health-related topic under the sun. Without fail, she happily shares her knowledge in simple terms.

Over the years, April has come to understand that sometimes it is not so much advice that her loved ones are seeking, but empathy. Like Shelia, she is a nurse, a teacher and a friend, though not necessarily in that order. She hopes to continue to be in a position to provide whatever is needed, whenever it is needed.

NOT ALL HAPPY ENDINGS, BUT LESS LONELY JOURNEYS

Sadly, not every intervention has a happy ending. Take the case of another seasoned nurse, with 32 years of experience under her belt – 49-year-old Roslinda Binte Mohammad Hajar, Nurse Manager, Central Sterile Services Department (CSSD). She has been with Mount Alvernia Hospital for 18 years.

Roslinda recalled the case of a distant relative who had breast cancer and was afraid to see a doctor.

"Despite my constant counselling, she refused to seek medical treatment and relied on traditional remedies until the tumour grew and the pain became unbearable," recalled Roslinda. "After much persuasion, she finally agreed to see a breast specialist and underwent



Roslinda Binte Mohammad Hajar,
Nurse Manager, Central Sterile Services
Department (CSSD)

surgery. I made all the necessary arrangements and accompanied her to all her scheduled appointments and chemotherapy."

Sadly, Roslinda's relative eventually succumbed to her illness. No doubt Roslinda's comforting presence on her journey made it eminently less painful.

A FRIEND TO THE END

Malaysian Chan Wai Yee, Staff Nurse, Day Ward, has been with us for four years and in nursing for nine. She shared a similar story.

"In 2018, my best friend in Kuala Lumpur was diagnosed with breast cancer. She was 34 years old and I had known her since the age of 16. When she had entered Stage 4 and become very ill, I decided to take my annual leave and spend time with her," recalled Wai Yee.

Wai Yee did her best to comfort her dying friend, despite wrestling with her own emotions. When her friend passed on, she helped her heartbroken parents with the funeral arrangements.

“I lost a friend who was very dear to me, but I am grateful that God gave me an opportunity to care for her and comfort her in the last stage of her life,” said Wai Yee.

While Wai Yee acknowledges that not every patient will have a happy ending, she hopes to be able to continue to ease the pain of the not-so-happy endings, for the patient and their loved ones.



Chan Wai Yee, Staff Nurse, Day Ward

“I lost a friend who was very dear to me, but I am grateful that God gave me an opportunity to care for her and comfort her in the last stage of her life.”

Chan Wai Yee, Staff Nurse, Day Ward



See Chia Wen, Staff Nurse, St Dominic Ward

WILLING HEARTS AND HELPING HANDS

Not surprisingly, nurses are willing volunteers and among the first to put their hands up when a helping hand is needed. From judging baby contests to digging wells, their work is widespread and never-ending.

Staff Nurse, See Chia Wen, or Stephanie, has been with Mount Alvernia Hospital for four years. She is also a regular volunteer with St John Ambulance, where she helps with blood and fund donation drives, and shares her nursing skills with junior members and nursing students.

When asked to recount a particularly satisfying aspect of volunteering, Stephanie spoke about the time she received a call at St John Ambulance, to send a stroke patient to hospital.

“The patient had a fever with a chesty cough and his oxygen levels were falling,” recalled Stephanie. “During the ambulance ride to the hospital, we took the patient’s vital signs, started an IV drip and gave oxygen support. I felt a deep sense of achievement and happiness when the patient’s condition stabilised and he arrived at the hospital safely.”

Our longest-serving nurse, 71-year-old Lim Sem Choo, more commonly known as Sister Lim, has been working at Mount Alvernia Hospital for 34 years – formerly as a paediatric nurse and currently as a Parentcraft Counsellor. Before the establishment of our Parentcraft Centre, she frequently judged baby contests, which were an opportunity to share her knowledge of good parenting.

“I felt a deep sense of achievement and happiness when the patient’s condition stabilised and he arrived at the hospital safely.”

See Chia Wen,
Staff Nurse, St Dominic Ward

Sister Lim recalled a recent incident when she was at a bus stop and a primary school boy suddenly collapsed not far from her.

“It came second nature to me to immediately hold his hand and check for his pulse, which thankfully was fine,” said Sister Lim. “I am a nurse wherever I go, be it on duty or off duty.”

Sister Lim hopes to continue to guide new parents on their joyous yet occasionally anxious journeys, through scheduled Parentcraft classes and courses at Mount Alvernia Hospital.

DRAWING ON EXPERIENCE

Rafiah Binti Raimi, a 35-year-old senior enrolled nurse at Mount Alvernia Hospital, is soon to graduate with a Diploma in Nursing from Nanyang Polytechnic (NYP).



Rafiah Binti Raimi, Senior Enrolled Nurse

She had been working as a nurse for 16 years before the hospital sent her on a bridging course to upgrade her skills and subsequently offered her a scholarship to fund her further studies.

“At the end of the day, it is all about easing each other’s burdens and worries so that we could have a fulfilling and memorable experience during our attachments.”

Rafiah Binti Raimi, Senior Enrolled Nurse

Knowing that she had been working as a nurse for several years, many of Rafiah’s fellow students have approached her for advice throughout her studies, especially during their hospital attachments in

Year 1. She generously shared her experiences and offered them as much advice and assistance as she could.

“At the end of the day, it is all about easing each other’s burdens and worries so that we could have a fulfilling and memorable experience during our attachments,” said Rafiah. It is clear from talking to our nurses that the very same spirit of camaraderie and supportive teamwork pervades the working environment at Mount Alvernia Hospital.



Lim Sem Choo, Parentcraft Counsellor

Like Sister Lim, Rafiah is always alert to her surroundings and quick to respond to the signs of anyone in distress. She recalls a recent instance when she was on her way to NYP and encountered an elderly lady who was experiencing fainting spell. Sensing that something was amiss, she went and checked on the lady and immediately saw that she was having a dizzy spell. Using the knowledge she had learned on the job and from her studies, she laid the elderly lady on the ground and asked a passer-by to call an ambulance. She stayed with her until the ambulance arrived and succinctly

explained the situation to the paramedics in attendance.

Rafiah hopes to advance her career while helping others, first and foremost. “There is nothing more satisfying than providing help to other people when they are in need. Knowing that you are truly making a difference in people’s lives is what truly makes it all worthwhile,” she said.

“It came second nature to me to immediately hold his hand and check for his pulse, which thankfully was fine. I am a nurse wherever I go, be it on duty or off duty.”

Lim Sem Choo, Parentcraft Counsellor

THE CONCLUSION IS, THERE IS NO END

Clearly, the work of a nurse never ends. Every nurse we spoke to embodies the mission of our hospital’s founders, the Sisters of the Franciscan Missionaries of the Divine Motherhood (FMDM) – to ‘serve all with love’. Going by their passionate nursing duties, which they embrace wholeheartedly, happily and tirelessly, we could add an extra word to that mission statement:

To serve all with love... always.

Thank you to all the nurses who shared their stories with us.

★★ Our Award-Winning Nurses ★★

Every quarter, we single out ten of our colleagues who embody and exemplify all five of our 'CHIRP' values – compassion, humility, integrity, respect and peace, to receive what are known as Values-in-Practice Awards or VIP Awards. Candidates are nominated by their supervisors, colleagues, peers or patients. Invariably, our hardworking nurses are well represented in each batch of award recipients.

VIP Awards nomination is a prerequisite for recommendation for external awards such as the Singapore Health Quality Service Awards (SHQSA), organised by SingHealth Duke-NUS Academic Medical Centre. These awards recognise individuals who show remarkable commitment in delivering quality care and excellent service to patients. This year, our healthcare team was honoured at the SHQSA with one Star, 11 Golds and 41 Silvers.

Another one of our nurses, who was as an enrolled nurse with us before she was sponsored by the hospital to study for her Diploma in Nursing at Nanyang Polytechnic, made it to the NYP Director's List of distinguished students.

We congratulate all our nurses who have received recognition or awards. You do us proud.

Agapito Candy Marie Mestidio, Staff Nurse, Delivery Suite – SHQSA Gold ★ Alim Bin Hamzan, Staff Nurse, Operating Theatre – SHQSA Silver ★ April Camille Hernandez Adres, Senior Staff Nurse, Intensive Care Unit – SHQSA Silver ★ Bavani Mohan, Staff Nurse, St Raphael – SHQSA Silver ★ Chan Wai Yee, Staff Nurse, Day Surgery – SHQSA Gold ★ Chet Kae Shuang, Staff Nurse, St Francis – SHQSA Silver ★ Chong Fui Yin, Staff Nurse, St Clare – SHQSA Silver ★ Dampil Jennelyn Villanueva, Staff Nurse, Diagnostic Imaging – SHQSA Silver ★ De Guia Maria Janice Cabadin, Senior Staff Nurse, St Joseph – SHQSA Silver ★ Goh Meiqi, Staff Nurse, St Francis – SHQSA Silver ★ James Arul Arockia Adaikalaleela, Staff Nurse, Intensive Care Unit – SHQSA Silver ★ K Sarasvathi Kandasamy, Senior Parentcraft/Lactation Consultant, Parentcraft – SHQSA Silver ★ Kalaiselvi Elenselien, Staff Nurse, St Francis – SHQSA Silver ★ Kang Phaik Gaik, Head, Parentcraft/Lactation, Parentcraft – SHQSA Gold ★ Kartikawani Binti Asmawi, Nurse Manager, Delivery Suite – SHQSA Silver ★ Koh Eng Leng, Staff Nurse, St Clare – SHQSA Silver ★ Krystle Reano, Staff Nurse, Our Lady – 11th VIP Award Winner ★ Lim Sem Choo, Parentcraft Counsellor, Parentcraft – SHQSA Silver ★ Morales Abigel Celmar, Senior Staff Nurse, St Gabriel – SHQSA Silver ★ Nordiana Binte Abdul Kader, Nurse Clinician, Operating Theatre – 11th VIP Award Winner ★ Padua Marie Grace Yabut, Staff Nurse, Day Surgery – SHQSA Gold ★ Panimalar D/O A Thangaveloo, Senior Enrolled Nurse, St Michael – SHQSA Silver ★ Punitha Muniandy, Senior Staff Nurse, St Raphael – SHQSA Silver ★ Rafiah Binti Raimi, Senior Enrolled Nurse, St Joseph – NYP Director's List ★ Renuka Rai, Staff Nurse, St Clare – SHQSA Silver ★ Rita Francis, Senior Parentcraft Counsellor, Parentcraft – SHQSA Gold ★ Roslinda Binte Mohammad Hajar, Nurse Manager, CSSD – 11th VIP Award Winner ★ Ruhana Bte Ahmad, Nurse Clinician, Our Lady – SHQSA Silver ★ San Luis Clarence Joy Salceno, Enrolled Nurse, St Joseph – SHQSA Silver ★ Sanga War, Staff Nurse, St Raphael – 11th VIP Award Winner ★ Sarah Rachel Ngui Sheut Er, Staff Nurse, St Joseph – SHQSA Silver ★ See Chia Wen, Staff Nurse, St Dominic – SHQSA Silver ★ Shalini Batumalay, Staff Nurse, Our Lady – 11th VIP Award Winner ★ Tan Shelia, Senior Staff Nurse, St Francis – SHQSA Gold ★ Tomboc Lea Castillo, Staff Nurse, St Dominic – SHQSA Silver ★ Ungsod Victoria Anne, Staff Nurse, St Joseph – SHQSA Silver ★ Wang Qian, Staff Nurse, St Gabriel – SHQSA Silver ★ Yap Siang Bei, Rebecca, Staff Nurse, Our Lady – SHQSA Silver/11th VIP Award Winner ★ Zhu Jing, Staff Nurse, St Clare – SHQSA Silver ★ Zoe Loke Yin Ling, Staff Nurse, Our Lady – 11th VIP Award Winner

Celebrating Nurses' Day



Our CEO, Dr James Lam, Ms Shirley Tay, Director of Nursing, Ms Ng Geok Pin, Assistant Director of Nursing and our senior nurse managers at the Istana with Mdm Halimah Yacob, President of the Republic of Singapore



FMDM Sisters together with Director of Nursing, our nursing deputy, assistant directors and CEO at the Nurses' Day celebration



Our Superhero Nurses



Dressing up for the occasion



Serving a good feast with love



Our talented nursing colleagues performing a skit

Dr Wong Sen Chow and Dr Mark Wong

Father and son, Dr Wong Sen Chow and Dr Mark Wong are both general surgeons. We spoke about supportive families, common callings, the exchange of knowledge and promising advances in the detection and treatment of colorectal cancer.

MyAlvernia: Did you actively influence your son Mark to study medicine and pursue the specialty of colorectal surgery?

Dr Wong Sen Chow: Not at all. Though when he decided to study medicine at university, I suppose I must have been a great influence. He always shared my interest in surgery, and I was very proud and happy when he finally decided to subspecialise in colorectal surgery.

MyAlvernia: How great an influence was your father in your career choices?

Dr Mark Wong: My father is my mentor and inspiration and has always been the biggest influence in my career. Being a doctor is a noble calling and I am blessed to have this opportunity to treat the sick and even more fortunate to share this journey and to be mentored by my father, a role model like no other.

MyAlvernia: What other factors influenced your choice of subspecialty?

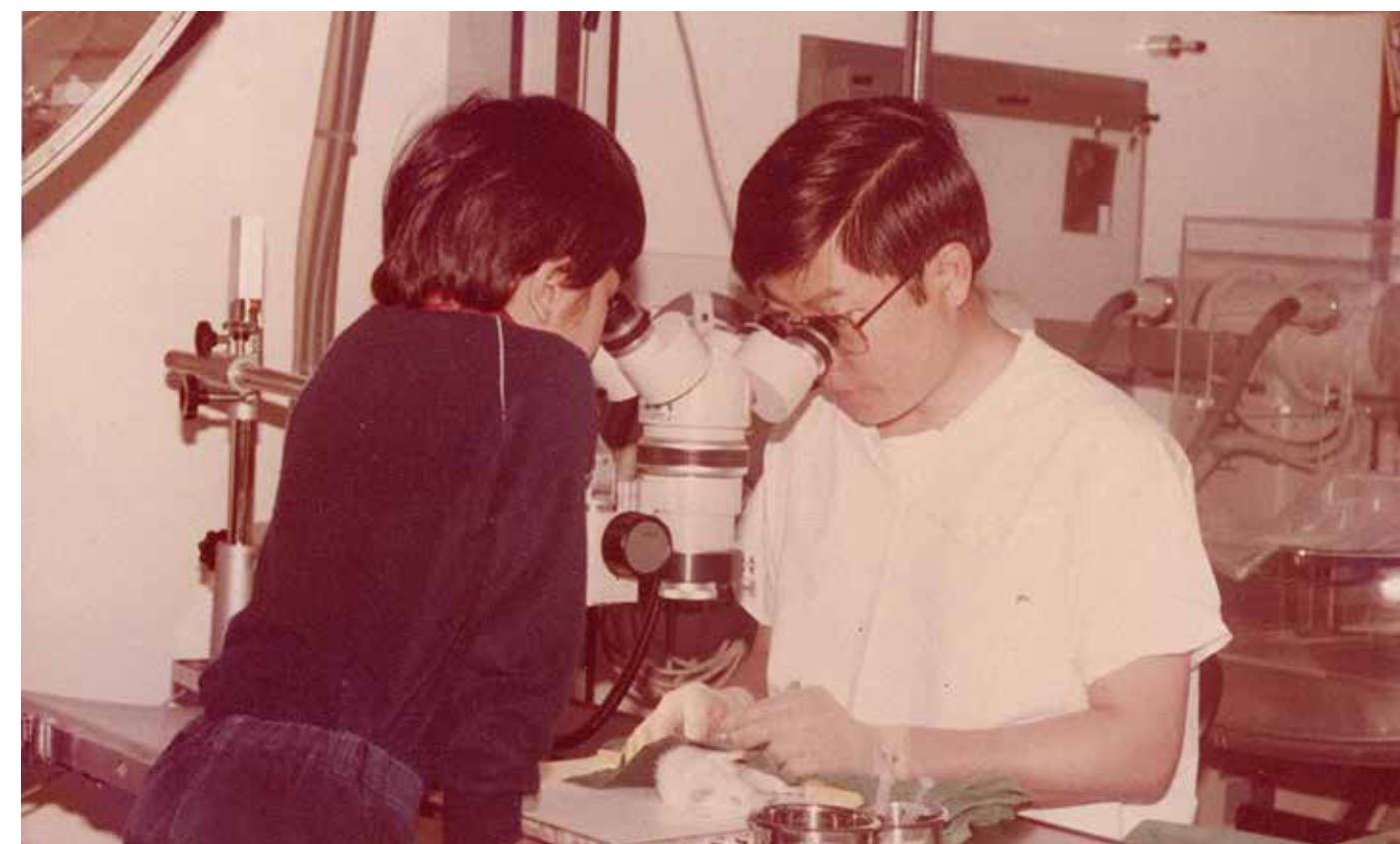
Dr Mark Wong: The high prevalence of colorectal cancer, being the number one cancer in Singapore, was one of the main reasons I pursued colorectal surgery. The opportunity to utilise technology to enhance patient outcomes was another reason.

MyAlvernia: As a child, young adult and medical student, what impressed you most about your father's work?

Dr Mark Wong: Dad is tireless and dedicated to his craft. I remember the long hours he spent at work, which made our daily morning car rides to school that much more precious. Mum and I spent six months with him in London during his Fellowship, and I remember being fascinated by the goings-on at his workplace. This sparked my interest in medicine during those early years.



As I grew older, I appreciated his work even more as I followed him to the hospital on weekends for ward rounds and observed his interactions with hospital staff. What I always remember even to this day was his advice to “always treat everyone with respect”, and I admired how he seemed to



know everyone in the hospital, from fellow doctors to the hospital attendants and security staff. This is Dad – a gifted and humble surgeon who is a friend to all.

When I eventually entered medical school and had the opportunity to scrub in with him in the operating room, I truly found my calling as I witnessed first hand the work of a master surgeon. Hearing doctors around me praising my father only made me even more determined to walk in his footsteps.

MyAlvernia: What advances have you witnessed first-hand in your field?

Dr Wong Sen Chow: The advances were early detection of colorectal cancer through the testing of stool samples for occult blood and the use of colonoscopy – both diagnostic and advanced therapeutics.

Now, we have minimally invasive, or laparoscopic surgery, which reduces

post surgery pain significantly and allows patients to go home much earlier.

With the latest advances in robotic surgery, the very low rectal cancers can be excised, often avoiding the need for permanent colostomies.

With improved chemoradiation, advanced cancers can be treated and survival rates increased.

Dr Mark Wong: In surgery, the fundamental principles do not change and I am grateful and blessed to have been guided and trained by my father and other luminaries of his generation.

The foundation that my father's generation has laid and their pioneering work has since allowed me to benefit from the subsequent advances in surgical techniques. It is on the proverbial shoulders of giants that I stand and without the work of my dad and predecessors alike, it would

not be possible to translate these advances to improved patient outcomes.

As Dad mentioned, keyhole or laparoscopic surgery is now the standard-of-care for colorectal cancer treatment. Using finer instruments with greater precision, patients are benefitting from smaller wounds and faster recovery times. Robotic surgery marks the next step in the evolution of colorectal cancer treatment and I have trained in Europe on this technique and seen improved outcomes for our patients.

MyAlvernia: Do you share knowledge and collaborate on cases?

Dr Wong Sen Chow: We have been doing major cases together. Seeing my son operating on more complex cases, and with great confidence, is a source of great pleasure for me. In fact, we senior chaps learn a lot of new things from the younger surgeons.



Dr Mark Wong: When I am working on complex cases, I especially value Dad's decades of experience. We then combine this with modern surgical techniques to develop a treatment plan that gives our patients the best outcomes.

It is an indescribable feeling to operate with one's own father. It is an incredibly proud and yet humbling moment to perform life-saving procedures with your biggest mentor and being able to call him 'Dad' at the same time.

MyAlvernia: Over the years, how has the love and support of your family helped you focus on work and build your career?

Dr Wong Sen Chow: The support of the family, especially my good wife, has been very important in my career. I have spent many long hours away from home and hence missed quite a number of family gatherings.

Dr Mark Wong: God and family have made it all possible. Mum and my wife have been the rocks of the family and have

allowed Dad and myself to flourish in our careers because of their unconditional love and support. It is amazing how they have tolerated the frequent dinner table talk about 'blood and guts' all these years!

“Working with Dad is one of life's most rewarding experiences. The opportunity to collaborate and discuss cases with my father is truly gratifying.”

Dr Mark Wong

MyAlvernia: What gives you the greatest satisfaction and happiness in your working life?

Dr Wong Sen Chow: My greatest satisfaction comes from seeing patients doing well and going home.

Dr Mark Wong: Working with Dad is one of life's most rewarding experiences. The opportunity to collaborate and discuss cases with my father is truly gratifying. Personally, one of my greatest sources of satisfaction is seeing how proud he is of me as we walk together in the hospital. I am even more proud to stand beside a renowned and loved surgeon and to be able to call him 'Dad'.

MyAlvernia: What is your advice to readers on protecting themselves against colorectal cancer?

Dr Mark Wong: The key is early detection through screening. Doing a colonoscopy can save one's life as this technique allows us to identify polyps and remove them and thus stop the cancer from developing. Eating a healthy and balanced diet with regular exercise is also important, but there are no guarantees. Hence, everyone should still undergo a colonoscopy once they reach 45 years of age, even if they are well.

Do your colonoscopy! Start at the age of 45 years old or 10 years before the first diagnosis of colorectal cancer in your family, whichever is earlier.

Dr Mark Wong
Senior Consultant
Mark Wong Surgery
Medical Centre A #02-03

Dr Wong Sen Chow
Consultant Surgeon
S C Wong Surgery Pte Ltd
Medical Centre A #02-03

Women's Cancers

Dr Lee Guek Eng, Senior Consultant and Breast Medical Oncologist, ICON Cancer Centre Singapore, and Dr Germaine Xu, General Surgeon and Breast Oncoplastic Surgeon of One Surgical – Breast and General Surgery Clinic, share the hard facts and the good news about women's cancers – breast cancer, which tops the list of cancers among women in Singapore, and gynaecological cancers that originate in the female reproductive system.

A SNAPSHOT OF SINGAPORE

The Singapore cancer registry, which documents the incidence of cancers in the local population, cites the incidence for the total number of female cancer patients as 338.5 per 100,000 person-years for the period 2011-2015. (A person-year takes into account the number of people in a given study and the amount of time each person spends in that study. For example, a study that followed 1,000 people for one year would contain 1,000 person-years of data.)

In descending order, the most common types of women's cancers were breast cancers at 29.1 percent, uterine cancers at 6.9 percent, ovarian cancers at 5.4 percent and cervical cancers at 3.1 percent. For the same period, breast cancer accounted for one in three cancers in females, making it the most common cancer diagnosis in women.

Alarmingly, the incidence of breast cancer has risen almost threefold from 24.6 per 100,000 person-years in 1976-1980 to 65.3 per 100,000 person-years in 2011-2015.

"The good news is that cancers that are discovered in the early phase are usually highly treatable and curable," said Dr Lee.

FOCUS ON BREAST CANCER

While breast cancer is not strictly speaking a gynaecological or women's-only cancer, Dr Xu shared that for every 100 women who get breast cancer, there will be one man or even fewer diagnosed with it.

Though breast cancer causes the greatest number of cancer-related deaths in Singapore and worldwide, it is a stealthy and often symptom-free disease, especially in its early stages.

"Many patients with early breast cancers do not have any symptoms. These patients appear completely normal and do not have any palpable lumps, nipple discharge, rash, or skin changes. The aim of breast screening using mammograms is to pick up early cancer in such patients with no signs of breast cancer," said Dr Xu.

"Having no pregnancy or a first live birth after the age of 30 and no sustained period of breastfeeding – which stops the monthly hormonal flux, all increase a woman's risk of breast cancer."

Dr Germaine Xu

Dr Xu pointed out that another group of breast cancer patients do have symptoms, of which the most common is a lump in the breast. Less commonly, some patients feel a lump under the armpit. Others may observe skin changes such as rash around the nipple, a dimple appearing in the breast or new onset nipple retraction. Some patients present with one-sided nipple discharge. In later stages, there may be tumour invasion into the skin, muscles or bones. Loss of weight, bone pain,

blurred vision, headaches can happen if the cancer has spread. Surprisingly, pain is seldom symptomatic of breast cancer and usually caused by other factors such as premenstrual pain, heavy large breasts or other musculoskeletal causes.

While inherited risk factors cannot be modified, as well as early menarche before 12 years old and/or a late menopause after the age of 55 years, other risk factors can be addressed.

"Having no pregnancy or a first live birth after the age of 30 and no sustained period of breastfeeding – which stops the monthly hormonal flux, all increase a woman's risk of breast cancer," explained Dr Xu. It strengthens the argument in favour of not putting off motherhood and breastfeeding a child for as long as is practically possible.

According to Dr Xu, consumption of external sources of oestrogen, be it from hormone replacement therapy (HRT) or oestrogen-rich foods, also increases the risk. Also, patients who have dense breast tissue have a five to six times higher risk of breast cancer than women with normal tissue. A high body mass index (BMI), alcohol intake and a sedentary lifestyle all increase the risk of breast cancer.

There is also an inherited risk. Women found to have a genetic mutation such as BRCA may have a 60 to 80 percent lifetime risk up to the age of 75 years. Having a relative with male breast cancer or a strong family history of breast or ovarian cancer also increases risks.

Breast cancer, when detected early and treated promptly, has the best survival rate of all gynaecological and women's cancers.

WHAT CAUSES CANCER

In general, cancers are caused by accumulated damage to genetic material that leads to the autonomous growth of cells.

The causes can be broadly divided into biological factors such as age, gender and genetic predisposition; environmental factors such as exposure to radiation, bacterial and viral infections; and lifestyle factors such as smoking and excessive alcohol intake.

Early Warning Signs for Women's Cancers

Breast	Uterine	Ovarian	Cervical
Breast lump/ lumps under the armpit	Signs of abnormal vaginal bleeding <ul style="list-style-type: none">• Post-menopausal	Abdominal distension/ discomfort	Abnormal vaginal bleeding <ul style="list-style-type: none">• During sexual intercourse• In between periods or after menopause
Asymmetry or changes in breast shape	<ul style="list-style-type: none">• Intermenstrual• Prolonged spotting• Pinkish discharge	Backache or ache in legs	
Nipple discharges/ bloody discharges	Pelvic pain	Urinary complaints	Foul smelling vaginal discharge
Skin changes over the breast	Pain during intercourse	Change in bowel habits	
Breast pain			



Risk Factors for Women’s Cancers

Breast	Uterine	Ovarian	Cervical
Early menarche	Early menarche	Obesity	Human papillomavirus (HPV) infection
Late menopause	Late menopause	Nulliparity	Predisposing factors to HPV infection
Obesity	Obesity	Lynch syndrome	• Sexual intercourse at an early age
Alcohol intake	Nulliparity	Hereditary condition such as BRCA1/2 mutation carrier	• Multiple sexual partners
Physical inactivity	Polycystic ovary syndrome		
Radiation to chest at young age	Tamoxifen use		
Hereditary condition such as BRCA1/2 mutation carrier	Diabetes		
	Lynch syndrome		

“Studies have shown that there is improvement in survival rates for women cancers, especially for breast and cervical cancers.”

Dr Lee Guek Eng

MORE GOOD NEWS

“Studies have shown that there is improvement in survival rates for women cancers, especially for breast and cervical cancers,” shared Dr Lee. “However, there is a disparity between developed countries and developing countries. This is likely due to the availability of effective screening programmes, coupled with access to appropriate, timely and effective treatments as well as efficient health care infrastructure in developed countries.”

Examples of effective screening programmes include breast screening with mammography and clinical breast examinations, as well as cervical pap smears.

“In Singapore, women should have a mammogram annually from 40 years and once every two years from the age of 50. For very high-risk individuals, such as BRCA gene carriers, annual magnetic resonance imaging (MRI) together with an annual mammogram is recommended,” said Dr Xu.

“Pap smear tests are advisable for women who are 25 years and older or sexually active. HPV tests are also recommended for women 30 years and older,” added Dr Lee.

Five-year Survival Rates for Women’s Cancers by Stage*

Type	Breast	Uterine	Ovarian	Cervical
Local	99%	96%	92%	92%
Regional	85%	70%	75%	56%
Distant	27%	18%	30%	17%

*Statistics from Cancer.net and American Cancer Society



“To lower your risk of developing cancer, start by targeting modifiable risk factors such as limiting your alcohol intake, quitting smoking and maintaining a healthy weight.”

Dr Lee Guek Eng

PUTTING HEALTH FIRST

Dr Lee urges all women to take responsibility for their own health.

“In today’s modern society, women tend to take on multiple roles. They are required to be wives, mothers, daughters and leaders at work, so much so that they may overlook their health,” empathised Dr Lee.

At the risk of stating the obvious, when a serious health problem like cancer arises, a woman may find herself unable to perform well in any of her roles, let alone all of them.

“To lower your risk of developing cancer, start by targeting modifiable risk factors such as limiting your alcohol intake, quitting smoking and maintaining a healthy weight,” suggested Dr Lee. “In addition, take part in age-appropriate health screening

programmes as well as vaccination programmes. Lastly, do pay attention to your body and conduct regular breast self-examination so that any changes can be picked up in their early stages.”

YET MORE GOOD NEWS

In addition to a growing awareness of the importance of a healthy lifestyle, coupled with more widespread screening programmes, innovative new treatment options are becoming available.

“Immunotherapy and other targeted therapy such as Cyclin-dependent kinase inhibitors for triple negative breast cancer and hormone receptor positive breast cancers respectively are very promising for the treatment of breast cancers,” shared Dr Lee. “There has been significant improvement in the breast

cancer outcomes associated with these emerging therapies and these will translate into tangible benefits for our patients.”

Ladies, the message is clear. Do watch your diet and lead a healthy lifestyle. Be aware of your inherited risk factors for women’s cancers and go for regular cancer screenings. Be attuned to changes in your body. And if cancer should strike, remain hopeful. The outcomes are getting better all the time.

Dr Lee Guek Eng
Senior Consultant, Breast Medical Oncologist
ICON Cancer Centre Singapore

Dr Germaine Xu
General Surgeon and Breast Oncoplastic Surgeon
One Surgical – Breast and General Surgery Clinic
Medical Centre A #06-07



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CNA and Mount Alvernia Hospital present:

Conquering Female Cancers



L to R: Dr Karmen Wong, Dr Lee Guek Eng, Dr Shang Yeap, Dr Timothy Lim, Dr Germaine Xu, Dr Choo Bok Ai and emcee Otelli Edwards

Conquering Female Cancers

Mount Alvernia Hospital, together with Icon Cancer Centre, presented a seminar on understanding female cancers, called 'Conquering Female Cancers'. The panel of oncologists and surgeons discussed advances in treating female cancers, the surgical treatment of gynaecological cancers and understanding breast cancer treatments. Two cancer survivors also went on stage to share their patient journeys and how they manage their conditions.

Look out for more engaging health seminars in the months to come – and do join us!



The Ins and Outs of Knee and Hip Replacements

Every year, well over a million hip and knee replacements take place worldwide. We spoke to Dr Francis Wong, Specialist Orthopaedic Surgeon from Orthopaedics International, about these increasingly common, highly effective and potentially life-transforming procedures.

THE WHY

Knee and hip replacement surgery is generally considered after nonsurgical forms of pain relief and physical therapy have failed. The joint replacements can be partial or total.

“The usual reasons for joint replacements are mainly related to pain and instability of the joints,” said Dr Wong. “Common causes include osteoarthritis and rheumatoid arthritis. Wear and tear may be accelerated by previous injuries including dislocation, fracture or infection. Avascular necrosis, or bone death, which has various causes, may also result in the need for a joint replacement surgery.”

THE HOW

In most knee replacement surgeries, the surfaces of the knee are removed and replaced, while much of the bone is preserved. In nearly all hip replacement surgeries, the head and neck of the femur are completely removed and substituted with a prosthesis that resembles a ball and a socket.

“Both knee and hip replacement surgeries are considered major operations and carry very similar

risks. If performed by a competent surgeon, the risks of either surgery are more or less the same,” said Dr Wong.

Though smaller, the knee is a much more complex joint than the hip. Hence, the recovery time for hip replacement surgery is generally shorter than that of the knee.

“Hip replacement patients typically walk well within three weeks after their surgery. Knee replacement patients on average take around two weeks to walk reasonably well and become independent, requiring no walking aids at around one month after their surgery,” shared Dr Wong.

Possible complications from both knee and hip replacement surgeries include infection and deep vein thrombosis. However, prophylactic antibiotics and sterile techniques minimise the chances of an infection. Pain and stiffness after surgery are common problems, but can be greatly improved with physiotherapy.

THE WHEN

Most knee and hip replacements are performed on patients aged between 50 and 80. Age is not considered a major deterrent, and some patients undergo successful joint replacements even in their 90s. Occasionally, younger people in their 20s and 30s also need joint replacements, mainly due to sports injuries.

A patient may be deemed unsuitable for a joint replacement surgery if the joint is infected. Other contraindications include poor cardiac or respiratory status. In addition, diabetes, hypertension or a recent stroke may require postponement of the surgery until the diseases are controlled.

THE REHAB

The importance of rehabilitation after joint replacement surgery cannot be overstated. To reap the full benefits of joint replacement surgery, patients must actively participate in their own healing process.

“Hip replacement patients typically walk well within three weeks after their surgery. Knee replacement patients on average take around two weeks to walk reasonably well and become independent, requiring no walking aids at around one month after their surgery.”

Alicia Teng, Senior Physiotherapist at Mount Alvernia Hospital’s Rehabilitation Centre, explained that rehabilitation, or physical therapy, usually begins on the first day after the patient’s surgery and continues for two to three months.

During the patient’s stay in hospital, rehabilitation focuses on ambulation (walking) practice with different walking



Hip Replacement

aids, including navigating stairs, combined with pain relief treatment from ice packs and hot packs.

After discharge, rehabilitation aims to reduce pain, ease swelling and inflammation, improve mobility and build strength. The ultimate aim is to get the patient walking and performing everyday tasks with ease.

THE BENEFITS

After surgery, patients can expect to feel dramatically reduced pain in the affected joint. They will also benefit from increased stability and strength in the operated joint, giving rise to greater confidence and independence and a much improved quality of life.

Many patients who had not been able to exercise prior to their joint replacement surgery are able to do low-impact exercises such as walking, cycling and swimming. The long-term benefits on their physical and emotional wellness are vast and varied. These range from weight loss to improved social connectedness, especially among older patients who are able to get out and about with their newfound mobility and independence.

THE FUTURE

Currently, major advances are in the field of computer-aided surgery, which greatly improves the accuracy of bone cuts. This is especially so with knee replacements, as it helps optimise soft tissue balance in the repaired or replacement knee joint.

In addition, patient-specific instrumentation and customised implants are also being developed and some are in fact already in use.

Thanks to these and other ongoing advances in knee and hip replacement surgery, growing older no longer has to mean living with joint pain.

Source:
<https://www.health.harvard.edu>

Dr Francis Wong
Specialist Orthopaedic Surgeon
Orthopaedics International
Medical Centre D #08-61

Knee Replacement

Bone Up on Osteoporosis

Dr Goh Kian Peng, Endocrinologist, Saint-Julien Clinic for Diabetes and Endocrinology, explains the role of hormones in osteoporosis along with current and emerging new methods of treatment.

WHAT IS OSTEOPOROSIS?

Osteoporosis is a bone condition characterised by low bone mass or decreased bone strength. It results when there is an imbalance between new bone formation and old bone resorption, meaning bone loss. Simply put, it occurs when your body loses old bone faster than it forms new bone.

Over time, osteoporosis results in weakened bones that are prone to fractures, especially in the hip, spine and wrist.

HORMONES AND THEIR IMPACT ON BONE DENSITY

Sex hormones are responsible for a significant proportion of bone growth, especially during adolescence. Therefore, building strong bones during childhood and adolescence can help to prevent or delay the onset of osteoporosis in later life. On the other hand, excess cortisol, a steroid hormone, can decrease bone density.

“During menopause, there is a sharp reduction in the level of the female hormone oestrogen, with a corresponding drop in the bone density,” explained Dr Goh. “Whether or not the bone density drops to the level of osteoporosis depends on many factors, such as the baseline bone health, genetic factors, the presence of any other diseases and lifestyle factors such as exercise, use of steroids and alcohol intake.”

HORMONE REPLACEMENT THERAPY (HRT)

“HRT is a treatment option used to treat osteoporosis when premature menopause occurs. It is also sometimes prescribed for patients with bothersome menopausal symptoms such as hot flushes,” said Dr Goh. “It is generally safe and well-tolerated when used in the correct context.”

Conditions that preclude the use of HRT include a history of breast cancer, a previous venous thromboembolic event or stroke, active liver disease, unexplained vaginal bleeding, high-risk endometrial cancer and transient ischemic attack.

NON-HRT THERAPY

Non-HRT therapy options include antiresorptive agents, a class of drugs that prevents or inhibits the breakdown of bone and includes bisphosphonates. Another option is anabolic agents, a class of drugs that promotes bone formation.

Lifestyle factors such as adequate calcium and Vitamin D intake, as well as weight-bearing and muscle-strengthening exercises, can help prevent or delay the onset of osteoporosis.

ON THE HORIZON

A new class of bone formation drugs has recently appeared on the horizon, called sclerostin inhibitors. Sclerostin is a protein that helps regulate bone metabolism.



OSTEOPOROSIS

NORMAL BONE

It is produced by bone cells and inhibits bone formation. This new class of medication works by binding sclerostin, which then prevents it from blocking the signalling pathway for new bone formation. This results in new bone formation and to a lesser degree, reduces bone resorption. The first drug in this class was just approved in the US.

“Over time, osteoporosis results in weakened bones that are prone to fractures, especially in the hip, spine and wrist.”

START NOW

Osteoporosis is not necessarily a part of normal ageing, and there is much that you can do to build and maintain strong bones throughout your life, starting in childhood. You are never too young or too old to start looking after your bones.

Osteoporosis – Men, You Are Also at Risk

Over the last 30 years in Singapore, cases of hip fractures have increased five times in women aged 50 and above, and one and a half times in men of the same age group.

Men are also affected by osteoporosis though it is relatively less common. Oestrogen and the male hormone testosterone are important for bone health in men. Excessive alcohol intake, smoking or extreme thinness can affect bone health in both men and women.

Source:
<https://www.healthhub.sg>

Osteoporosis Prevention at a Glance

DO

- Eat a balanced diet that includes fruits and vegetables to ensure adequate calcium and Vitamin D intake



- Spend time in the sun to promote your body's production of Vitamin D
- Spread your calcium intake over breakfast, lunch and dinner, since calcium is more easily absorbed by the body in small amounts
- Build weight-bearing and muscle-strengthening exercises into your fitness routine

DON'T

- Consume alcohol excessively
- Smoke
- Drink coffee, tea and caffeinated soft drinks excessively, as caffeine may decrease calcium absorption
- Indulge in salty snacks, as excess sodium can cause bone loss

Source:
<https://www.healthhub.sg>

Dr Goh Kian Peng
Endocrinologist
Saint-Julien Clinic for Diabetes & Endocrinology
Medical Centre D #05-58

Preparing for Breastfeeding

Attention expecting mums! Follow these tips and get ready to nourish your little one with the best nutrition – breastmilk.

Based on extracts from 'Successful Breastfeeding' by Ms Kang Phaik Gaik, Head, Parentcraft/Lactation, Alvernia Parentcraft Centre

BE MENTALLY PREPARED

Empower Yourself with Knowledge

Read up and attend breastfeeding talks, ideally with your husband. Learn about the advantages of breastmilk – nature's providence. Your husband's support and your shared commitment to breastfeeding will help you to overcome any obstacles you may encounter along the way.

Talk to Other Mothers

Talk to mothers who have breastfed their children. They will tell you things that you may not learn from textbooks. The more you learn, the stronger will be your resolve when it is time to breastfeed if you run into obstacles.

Plan to Start Breastfeeding ASAP

Do not be tempted to put off breastfeeding till later. As with any new endeavour, breastfeeding takes some getting used to. The timing is also a challenge. In a sense, the need to master breastfeeding could not come at a more difficult time – immediately after you have delivered a baby and possibly undergone a Caesarian section.

BE EMOTIONALLY PREPARED

Brace Yourself for Emotional Turmoil

The postpartum period can be an emotional roller-coaster. Inexplicably, you may find yourself weepy for no reason, and thinking dark thoughts. This emotional turmoil is most likely due to the hormonal upheaval that takes place

Buy yourself comfortable nursing bras with good support and no under-wiring. Buy one to two cup-sizes larger as your breasts will enlarge during pregnancy and when you breastfeed.

when progesterone and oestrogen levels suddenly drop in the first 72 hours. This sudden crash often leads mummies to experience what is commonly called the 'baby blues'.

Seek Help if You Need It

In its severest form, the baby blues are called 'postpartum depression' or 'postnatal depression'. Symptoms include sudden bouts of weepiness, fatigue, insomnia, lack of appetite, anxiety and irritability. If these symptoms persist for more than two weeks, seek professional help.

BE PHYSICALLY PREPARED

Watch Your Diet

You can and should start preparing for breastfeeding even during your pregnancy. First and foremost is of course your diet. During pregnancy, eat sensibly and take protein-rich foods like fish. If you are a vegetarian, eat protein-rich beans like soybeans, lentils, black beans and soy products like tofu.

Check the Suitability of Long-term Medication

If you are doubtful whether you can breastfeed because you are on long-term medication, check with your obstetrician. If the medication is not beneficial for nursing infants, your obstetrician may be able to prescribe an alternative. Whatever it is, enquire early so that you can start on other medication if need be. Time is needed for observation of the new medicine's effect on you.

Massage Your Breasts

In your last trimester, whenever you take a shower, give your breasts a light massage. Do not massage the areola and nipples, as stimulating the nerve endings in this area have been known to trigger premature contractions. Simply massage breasts using a circular motion from the outer part to the centre. This also helps in preventing engorgement after birth.



Examine Your Nipples

If you suspect that you may have short, flat or inverted nipples, there are wonderful and simple devices that you can use to correct them. But it is good to start early during your pregnancy, around the second trimester (16 to 20 weeks).

ASSEMBLE YOUR TEAM

Communicate Openly

Talk with your husband and key family members about your decision to breastfeed. Their support can be pivotal to your success.

Visit a Lactation Consultant

Most women mistakenly assume that they only see a Lactation Consultant after they start breastfeeding. Before delivery,

a Lactation Consultant can answer your questions, recommend relevant literature, and examine your breasts professionally in the privacy of her clinic. A session can be very reassuring, and strengthen your determination to succeed at breastfeeding.

Choose a Supportive Obstetrician

This next step is very important. It should really be called the first step, as your successful breastfeeding journey starts with choosing a pro-breastfeeding obstetrician right from your first trimester. That is not to say that any obstetrician would be anti-breastfeeding in these enlightened days, but there are definitely some who are more supportive and empathetic than others.

FINALLY... Go Shopping!

Buy yourself comfortable nursing bras with good support and no under-wiring. Buy one to two cup-sizes larger as your

breasts will enlarge during pregnancy and when you breastfeed. While you are at it, buy yourself some fashionable maternity clothes.

Now, feel confident in the knowledge that you are fully prepared for breastfeeding, and look forward to the numerous benefits that breastfeeding brings.

Benefits of Breastfeeding



For Babies

- Digests more easily than formula
- Meets baby's needs fully for energy and growth due to high concentrations of carbohydrates and proteins
- Lowers risks of obesity, asthma and allergies
- Produces less smelly stools
- Promotes gut health and cognitive development
- Strengthens the immune system, since mothers' antibodies are passed on through breastmilk
- Lowers risk of sudden infant death syndrome (SIDS)
- Lays foundation for long-term health into adulthood, with a lower risk of cardiovascular disease



For Mothers

- Cultivates a special bonding experience, since babies detect odors unique to their mothers' breasts
- Aids faster return to pre-pregnancy weight as breastfeeding burns calories
- Lowers risk of osteoporosis after menopause
- Lowers risks of breast, uterine and ovarian cancer
- Expedites contraction of womb
- Serves as natural family planning (but best coupled with contraception)
- Saves money



For the Community

- Increases long-term health and lessens burden on national healthcare
- Promotes productivity since healthier children mean less sick leave and childcare for parents



For the Environment

- Promotes less waste as fewer cans and bottles are used

The above benefits are just a few of the many advantages that breastfeeding brings, for mother, baby, the community and the environment.



'Successful Breastfeeding' is available for sale at the Alvernia Parentcraft Centre for \$20.50. In addition, an informative DVD about breastfeeding is available for sale at \$20.50. Alternatively, pay a special package price of just \$35.90 for both the book and the DVD (all GST inclusive). To find out more, please email enquiry@mtalvernia.sg or call Alvernia Parentcraft Centre at 6347 6641.

Source: <https://www.healthhub.sg>



Neighbours first, bankers second.



Here's to all your baby's firsts.

Your baby's first month begins here. Welcome the newest addition to your family, who will spend most of the time sleeping, drinking lots of milk and having crying episodes in between. It won't be long before the little one starts to grow... appetite included. Milk will no longer be your baby's only source to feed on, when they start to take their first scoop of food with a spoon. The naps they take cuddled in your arms will soon be achieved by their first crawl towards you; and later carried by their first steps into your open arms.

The endless cries will fade, as you await the first giggle from your bundle of joy, followed by the sounds of warm laughter. Your baby's first word will leave you wanting more. Whose name will they call first? Mummy or daddy? No one will have a clue but here's to the beginning of many other firsts that they will get to celebrate with you, and the rest of the family too.

Experiences are best remembered, when commemorated. So for all these precious moments along with many more in the future to come, celebrate all your baby's firsts starting with their first bank account – **POSB Smiley CDA**.



Sign up for **POSB Smiley CDA Account** and receive a FREE GAIA Natural Baby 3-piece Organic Skincare set. Promotion ends 31 December 2019.



The Second Trimester

#3 in a Series of
Extracts from the
Mount Alvernia
Hospital Mother and
Child Guidebook

After the morning sickness and fatigue of the first trimester, the second trimester is relatively easy on most mums. Working mums-to-be are often able to resume their pre-pregnancy work duties during this middle phase of pregnancy, when most women feel less nauseous and much better overall. Here is what you can typically expect, week by week. Enjoy the journey!

WEEK 13

BABY: Your baby is now able to swallow and urinate into the amniotic fluid. All the vital organs are formed and are functional. From now on they will grow in size and efficiency.

MUMMY: This is the turning point that you have been waiting for. The nausea has left, and you are eating well again. You do not feel as tired and light-headed and it is possible to resume some exercises, which also help to improve energy levels.

You notice some pigmentation or darkening of the nipples, and there is a dark line running down the tummy which your doctor calls the linea nigra. Colleagues start to realise you are pregnant because you cannot hide that bulge anymore!

WEEK 14

BABY: The placenta begins proper function and the umbilical cord begins to take on the role of blood circulation. Your baby now measures 10cm and weighs 45g.



MUMMY: After making do with all the larger-sized and loose clothes you can find, you finally decide it is time to go shopping for maternity wear.

WEEK 15

BABY: The neck is developed and the head is now able to turn freely.

The lungs improve their efficiency, and there are tiny movements, which are practices for breathing.

MUMMY: The more experienced mummies can start to feel little flutters of baby movements.

You are trying not to gain excessive weight now, as your appetite is back to normal, or may be even better than normal! You remind yourself to stay away from unhealthy high-calorie snacks like cookies and chocolates.

WEEK 16

BABY: Hand movements are more refined and baby is now able to clench the fist and bend the fingers. There is rapid growth in size. Baby now measures 14cm and weighs 110g.

MUMMY & DADDY: This is the appointment you have been waiting for. Your doctor will try to identify the gender of your baby!

It is fine either way but knowing if it is going to be a little boy or a little girl helps so much in bonding with your baby, in your prayers and good thoughts throughout the day. Of course, you can now start shopping for more gender specific items as well! Remember though that you may want to recycle these

little outfits for your second child so don't buy everything in just pink or blue. Neutrals are good too.

WEEK 17

BABY: Baby begins to hear! The surrounding amniotic fluid helps external sounds travel. At this time, mummy's heart, stomach and voice can be heard. However, these sounds may not be interpreted by the immature brain at this time.

MUMMY: Your doctor has scheduled amniocentesis for mummies who are assessed to be at high risk of having Down Syndrome babies. Your partner and you should decide to go ahead with the test because it allows you to find out if your baby is OK. This procedure comes with a small risk of miscarriage and you may feel anxious about the results. The good news is that it takes only three days for the results to be out.

WEEK 18

BABY: Your baby now hears sounds from the external environment but in a muffled manner. If a loud noise is made near the mummy, you may feel the baby 'jump'. Your baby now weighs about 250g.

MUMMY: You need larger-sized bras! The breasts are starting to enlarge and get engorged. Colostrum may start to form and you may notice that these slightly cloudy fluids sometimes stain your garments. This is

the stuff your baby's first meal is made of. The fluid is filled with nutrients and antibodies.

WEEK 19

BABY: The little buds that will become adult teeth start to appear behind the structures that will form milk teeth.

MUMMY: Although your appetite is great, you still cannot eat as much, as a heavy meal may cause heartburn. Doctor has advised you to keep your meals light and not to sit or lie down straight after a meal.

You can take a stroll after every meal – window-shop for baby stuff at lunch, get some fresh air and blood circulating in your legs after dinner.

WEEK 20

BABY: Hair begins to grow, and the teeth are now in the jawbone. Your baby has a distinct and unique identity as the fingerprints are developed.



At this time, baby is half the final length but only about 12% of the final weight at birth.

MUMMY: Today is the appointment for a detailed ultrasound scan. This scan aims to rule out serious structural abnormalities such as heart defects and skeletal anomalies.

The various organ systems are shown to you, and it is amazing to see the baby's insides as well!

WEEK 21

BABY: Hair appears. A downy light hair called 'lanugo' is in place to help baby maintain a constant body temperature. This hair will have mostly disappeared by the time of birth.

MUMMY: For those of you who have not started using oils or creams to prevent stretch marks, you may start to notice them on your tummy, thighs and breasts. You have probably heard from friends who went through pregnancy that they may fade

after delivery. However, they usually do not disappear altogether.

WEEK 22

BABY: The brain and all senses are developing very rapidly. Muscles are getting stronger too, and your baby can definitely get your attention when he or she wants to!

The chest muscles are getting baby ready for breathing actions and the lungs are maturing day by day.

MUMMY: You see some dilated blood vessel on your legs. These varicose veins are common during pregnancy as the pressure in the tummy hinders blood as they return from the legs to the heart.

Dilated blood vessels also develop elsewhere, such as piles, which tend to bleed if stools are not kept soft and regular, and congested vulva giving an uncomfortable, engorged or swollen feeling.

WEEK 23

BABY: Your baby is producing and swallowing the amniotic fluid that is all around. This swallowing action sometimes results in a cough or in some hiccups, which can be felt by you. They are transient, regular, almost pulsatile movements, which can be mistaken for a heartbeat.

MUMMY: Baby is getting heavier and that stretchy feeling in the groin can be quite uncomfortable. Particularly for mummies who have delivered vaginally before, the ligaments are now starting to loosen up, and there is a sore wobbly feeling when you are walking or when you stand suddenly after sitting for a while.

This ligament strain behaves like an old ankle sprain. Once it is stretched, the ligaments are 'weakened' and prone to further injuries.

WEEK 24

BABY: Your baby's hearing is now developed and acute. External sounds can be heard really well and exposing the baby to calming soothing music may help those sounds to register and provide a sense

of security even after birth. Baby now measures 30cm and weighs 650g.

MUMMY: Your antenatal classes have started. You have not attended any classes for a while, but you are determined to ace this class and pick up as many parenting skills as you can.

WEEK 25

BABY: Vernix is a white oily, creamy substance that coats your baby's body and protects the skin from being soaked in amniotic fluid. This fluid increases in acidic content with more urine input from the baby. The vernix will mostly dissolve by the time of delivery but enough of it will help to lubricate as your baby negotiates the birth canal on the way out.

MUMMY & DADDY: Both mummy and daddy can now feel baby's movements. Daddy can now feel the movements through your tummy and share the joy!

WEEK 26

BABY: During this week, your baby's eyes will begin to open and even blink. If baby were to be born now, there would be a 50% chance of survival with advanced neonatal care. Baby now weighs 850g.

MUMMY: Leg cramps seem to appear more frequently. This may be due to circulation changes and water retention. It could also be due to inadequate water intake. Many pregnant women drink less water to avoid frequent visits to the bathroom, and this can lead to dehydration.

WEEK 27

BABY: Your baby opens eyes periodically. Eyebrows and eyelashes are in place!



MUMMY: As you increase in weight, and this weight is mostly in the front of your body, take care not to arch your back more and more. This could result in muscle spasm and backaches.

For information on Obstetrics & Gynaecology health care, treatment and services, please visit <https://mtalvernia.sg/specialties/women-obstetrics-gynaecology/>

Potty Training



Here are some tips on how to toilet train your little one without going potty.

WHEN SHOULD I TOILET TRAIN MY CHILD?

This is a question that continually crops up in play groups and paediatricians' clinics. The answer is – there is no right answer. Since success depends on a number of factors, the answer varies from child to child. The American Academy of Pediatrics (1999) states that readiness for toilet training generally occurs between ages 18 to 30 months. However, some children are not ready until 3 years of age. Whatever you do, do not compare your child's progress with that of your friends' children.

Is Your Child Potty-Ready?

Here is a checklist to help determine whether or not your child is ready for the potty.

- ☐ Can your child walk to and sit on a toilet bowl?
- ☐ Can your child pull his/her pants up and down?
- ☐ Can your child stay dry for up to two hours?
- ☐ Can your child understand and follow basic directions?
- ☐ Can your child tell you when they need to go?
- ☐ Does your child express dislike or discomfort when wearing a dirty diaper?
- ☐ Does your child show interest in using the toilet?

If you answered mostly yes, your child might be ready. If you answered mostly no, the time is probably not right, for now. Do not stress your child with potty training if they are facing other major changes such as attending a new daycare centre, adjusting to a new helper or expecting the arrival of a sibling.

LET THE TRAINING BEGIN

Here are some simple steps that should minimise the stress and the mess of toilet training your child. Of course, accidents will happen, so keep your cool when they do. Always be prepared, and carry a change of underwear when you go out.

Present the potty

Place a potty chair in the bathroom or, to begin with, wherever your child is spending most of their time. Encourage your little one to sit on the potty fully clothed, with their feet on the floor or on a stool. They should feel relaxed, not stressed.

Demo the potty

Explain the purpose of the potty in simple, positive terms. You could dump the contents of a dirty diaper into the bowl to

demonstrate its purpose. Let your child flush the toilet and witness the magic of modern sanitation.

Bear in mind that some children experience a form of separation anxiety when they see their poo disappear. They see it as losing part of themselves, literally. One way to overcome this anxiety is to wave bye-bye to the poo before flushing, silly as it may sound.

Schedule regular potty breaks

Ask your child to sit on the potty without a diaper for a few minutes every two hours, as well as first thing in the morning and immediately on waking after naps. Keep them company – read a book, sing a song or play with a toy. Allow them to get up if they want. Even if there is no 'deposit', praise your child for sitting patiently on the potty.

With boys, tackle 'number twos' before 'number ones'

It is often a good idea for boys to pee sitting down until they have mastered pooing. Once the bowel is under control, you can move on to the bladder and start 'target practice' standing up.

Read the signs

Be on the lookout for signs that your child might need to pee or poo. These include squirming, squatting, leg-crossing and grabbing the crotch. Time is of the essence – head for a potty or a child's toilet as soon as you can. Dress your child in easy-to-remove clothing to minimise accidents. Praise them for timely visits, and refrain from scolding them if they do not make it in time. There is always a next time.

Wipe and wash

Teach your child how to wipe their bottom correctly. It is especially important for girls to wipe from front to back, to avoid transferring germs from the rectum to the vagina, which can cause nasty urinary tract and bladder infections. Show them how to remove a few pieces of toilet paper (not one, nor the whole roll) and form a wad. Make sure your child washes and dries their hands after going to the toilet, and always lead by example.

Bye, bye diapers

After a couple of weeks of successful potty breaks and remaining dry during the day, you can consider swapping the diapers for training pants or underwear. Celebrate the milestone and vocally share the news with other family members. Make your child feel 'potty-proud'.

Conversely, if your child is not ready, never mind. Revert to diapers without shaming your child. Consider the first foray into 'big boy/big girl pants' a dress rehearsal for when the big day comes, not a non-event or a failure on anyone's part.

NIGHT TIME TRAINING

Toilet training at night time and through nap times is typically more challenging than daytime toilet training. Many children do not manage to stay dry through the night until they are 5 to 7 years old. Until then, use disposable or reusable cloth training pants and mattress protectors when your child sleeps.

Ask your child to sit on the potty without a diaper for a few minutes every two hours, as well as first thing in the morning and immediately on waking after naps.

To help your child stay dry overnight, build a trip to the toilet into your child's bedtime routine. Praise your child for remaining dry, but never scold them for waking up wet. Patience is key.

EXPLANATIONS FOR CONSTIPATION

Avoid your child becoming constipated at all costs. Constipation causes hard stools that can be painful to pass, leading your child to associate going to the toilet with pain and consciously avoid it. This worsens the problem and possibly undoes the progress of weeks or even months of toilet training.

In the event that your child does become constipated, one likely reason could be diet. Make sure that they are taking ample fluids and fibre. Never deny your child drinks out of fear of them needing to go to the toilet or having an accident. Regular hydration is a healthy habit that will stand them in good stead their whole life.

Another possible reason is that your child is resisting the urge to go. It could be that they have better things to do, like playing with their friends or watching a favourite programme on television or tablet. The third common cause of constipation is emotional anxiety. This could be associated with a host of issues ranging from feelings of inadequacy after dirtying their pants, bullying at school or the arrival of a sibling. Communication is key. Talk with your child and try and find out if anything is troubling them.

IF ALL ELSE FAILS

If your child is constipated or not mastering toilet training beyond the age of 4 or 5, you should raise your concerns with your paediatrician and rule out any possible medical reasons.

Above all, fret not. Every child follows their own timetable, and there is every chance that your child will 'go potty' before you, well, go potty.

Sources:
<https://www.mayoclinic.org>
<https://www.psychologytoday.com>
<https://www.whattoexpect.com>
<https://www.healthhub.sg>

Getting a Handle on Hand, Foot and Mouth Disease

For parents of young children, Hand, Foot and Mouth Disease (HFMD) is an ever-present concern. Dr Ong Eng Keow, Paediatrician & Neonatologist, International Child and Adolescent Clinic, sheds light on its symptoms, treatment and prevention.

A COMMON VIRAL INFECTION

HFMD is a common infectious condition caused by various strains of the Coxsackie virus, Enterovirus and Echovirus. It is spread by contact with the saliva, faeces or blisters of an infected person. Though the virus is usually ingested, it can also be transmitted through airborne droplets of secretions.

Dr Ong shared that though HFMD occurs all year round, there are peaks in some years in April, May and October. Big outbreaks have also been observed to occur every two to three years, for which no particular reason has been found.

SYMPTOMS AND PATTERNS

The symptoms of HFMD can be quite varied but generally include mouth or throat pain, which often leads to a refusal to eat. There is usually an accompanying fever, which may be low, and skin eruptions over the hands and feet, usually over the edges of the fingertips. Sometimes rashes may appear over the buttocks, particularly in infants and young children, which may or may not include blisters. They are usually not itchy or painful in children, but can be when the condition occurs in adults. In addition, red spots appear in the throat, which soon erupt into ulcers. These ulcers may spread to the sides of the mouth and also the tongue. Occasionally, there will be a rash over the perioral region or mouth as well.

There are variants of HFMD, one of which presents with just throat and mouth ulcers, called Herpangina, with no external rashes. They are usually accompanied by fever.

WHY IT MAINLY AFFECTS CHILDREN

Dr Ong explained the reasons why HFMD is more prevalent among children than adults.

“Firstly, children tend to put things in their mouths, especially toys and other objects. Some are thumb-suckers and because they have not developed good hygiene practices, they contract these diseases very easily,” shared Dr Ong. “Secondly, they are often gathered together in an environment that facilitates the transmission of the virus, such as a childcare centre. Thirdly, they have a lower immunity to ward off infections.”

DIAGNOSIS AND TREATMENT

A diagnosis of HFMD is based on the typical appearance and location of the oral ulcers and the characteristic rash over the hands and feet.

“Confirmation of the specific viral etiology is seldom necessary in children with uncomplicated HFMD but may be warranted if the diagnosis is uncertain and will affect the disease management,” said Dr Ong.

HFMD is a self-limiting disease, which usually lasts for seven to 10 days. Treatment is symptomatic and mainly aims to control the fever and ensure hydration. Analgesic oral drops may be used to relieve pain and encourage eating and drinking.

Contrary to a popular misconception, you can contract HFMD more than once, as there are different strains that can cause it.

“Firstly, children tend to put things in their mouths, especially toys and other objects. Some are thumb-suckers and because they have not developed good hygiene practices, they contract these diseases very easily.”

COMPLICATIONS

Dr Ong explained that there can be complications from HFMD, which are usually associated with Enterovirus A71. These complications include brain stem encephalitis, acute flaccid paralysis and aseptic meningitis. Depending on the severity, there can be long-term complications and even fatality.

PREVENTIVE MEASURES

While no effective vaccine has been developed for HFMD to date, there are some common-sense measures that can be taken to avoid and contain infection.

“Parents and caregivers can practice and inculcate good hygiene habits in their children,” advised Dr Ong. “Once a child has caught HFMD, they should keep them away from public places.”

To prevent HFMD spreading to other family members, it is a good idea to wash all their toys and even keep their eating utensils separate from those of other family members.

And if your best preventive efforts prove to be in vain, do not feel guilty about your child’s condition. Chances are, time and a little patience will heal your little patient.

Dr Ong Eng Keow
Paediatrician & Neonatologist
International Child and Adolescent Clinic
Medical Centre D #08-56/57

Dementia vs Alzheimer's Disease

Dr Charles Siow, Neurologist, Siow Neurology, Headache & Pain Centre, explains the differences when it comes to the two common age-related conditions of dementia and Alzheimer's disease.

THE SPECIFICS

"Dementia is a non-specific diagnosis where a patient is presented with many difficulties," explained Dr Siow. "Alzheimer's disease is a specific diagnosis which occurs in two-thirds of dementia patients."

Common early signs of dementia include memory difficulties, personality changes, getting lost and misplacing daily objects.

A diagnosis of Alzheimer's disease is arrived at after other forms of dementia have been excluded. It is a clinical diagnosis that requires scans and laboratory tests.

Both dementia and Alzheimer's are progressive diseases and the rate of progress differs significantly among patients with the same diagnosis. Hence, it is often a case of 'wait and see'.

RISKS AND CAUSES

There are several known genetic conditions and environmental risk factors that predispose a person to developing dementia and/or Alzheimer's disease. In rare cases, there are certain infections, strokes and metabolic abnormalities that are suspected causal factors.

"In general, Alzheimer's disease is less likely in patients who keep mentally active and are engaged in socially stimulating activities," shared Dr Siow.

GLOBAL AND LOCAL NUMBERS

It has been estimated that there are around 48 million people worldwide who suffer from dementia, with an approximately 82,000 Singaporeans among them. By the age of 85, around half the population may show symptoms of dementia to varying degrees.

While the numbers are alarming, Dr Siow stressed that dementia is not a normal part of ageing.

When asked to share some advice on prevention, Dr Siow advised, "Keep active both physically and mentally, and control known risk factors like diabetes, hypertension and hyperlipidaemia."

Both dementia and Alzheimer's are progressive diseases and the rate of progress differs significantly among patients with the same diagnosis.

TREATMENT AND MANAGEMENT

Both dementia and Alzheimer's disease are treated with oral medications. However, Dr Siow shared that there are some promising new options that may slow, arrest or even reverse the disease progression.

"LMTM is a medication that is now available for compassionate use in Alzheimer's disease patients to slow or reverse progression of this disease," shared Dr Siow. It targets tau, a type of protein in the brain, that is believed to be linked to Alzheimer's disease.

Remember – dementia is not part and parcel of ageing. Keeping mentally, physically and socially active can have a positive impact on a person with the disease.

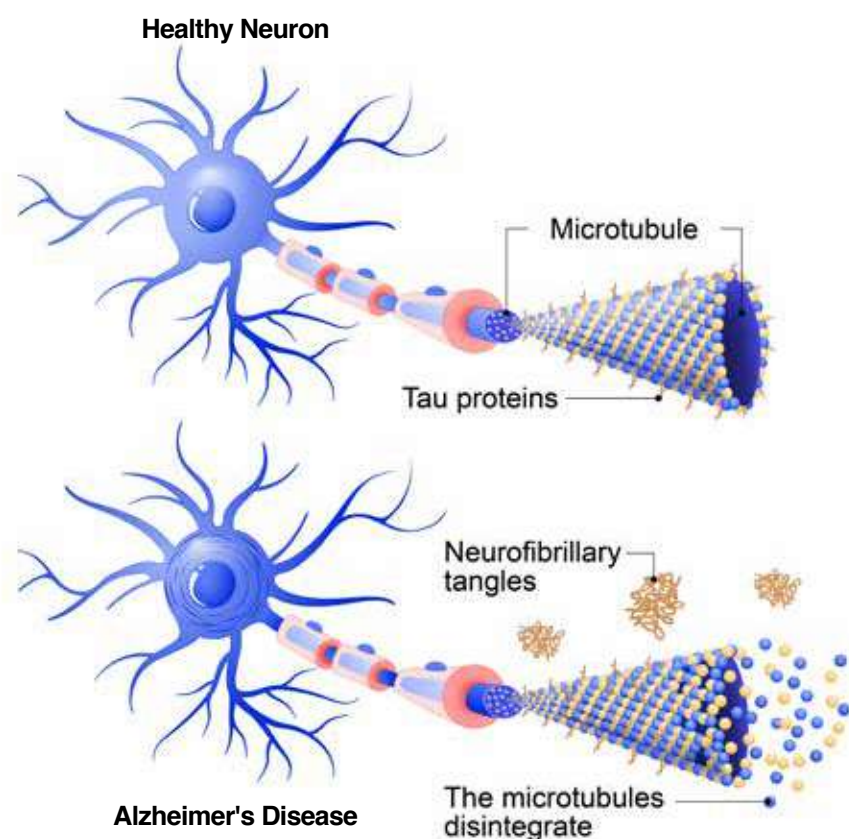
Here are 10 warning signs of dementia to look out for:



- 1 Memory loss that affects day-to-day functions
- 2 Difficulty doing familiar tasks
- 3 Misplacing things
- 4 Confusion about time and place
- 5 Problems communicating
- 6 Problems with abstract thinking
- 7 Poor or decreased judgement
- 8 Changes in mood or behaviour
- 9 Changes in personality
- 10 Withdrawal from work or social activities

Source:
<https://www.healthhub.sg>

Tau Tangles and Alzheimer's Disease



Tau is a protein contained within the axons of the nerve cells, which helps form microtubules – essential structures that transport nutrients within nerve cells.

In a healthy brain, the tau protein helps these microtubules remain straight and strong. But in the brains of patients with Alzheimer's disease, tau collapses into aggregates called tangles. When this happens, the microtubules can no longer sustain the transport of nutrients and other essential substances in the nerve cells, which eventually leads to cell death.

Source:
<https://www.medicalnewstoday.com>

Dr Charles Siow
Neurologist
Siow Neurology, Headache & Pain Centre
Medical Centre D #08-59

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Reference:
1. World Health Organization (WHO), 2017.
<https://www.who.int/features/factfiles/dementia/en/>

*If you have concerns, ask your healthcare professional today.

A Tribute to Nurses

by Anthony Goh



Nurses are similar to doctors in some ways. You generally meet them only when you're sick, so you might think that the less you have to do with them, the better. However, all my memories of nurses have been resoundingly positive.

NURSES MAKE KIDS BRAVE

My first encounter with the nursing profession was as a 10-year-old schoolboy. A mobile clinic visited my school to administer vaccinations for measles, as the condition had reached epidemic proportions. One of the clinic's two nurses was addressed as 'Sister' and the other, I think, was a junior nurse.

More than anything, I recall that the nurses were kind, spoke to us in gentle tones and assured us that the split second of pain was nothing to be feared. Their tender loving touch and comforting voices turned us from cowering little kids into brave soldiers.

At around the same time, we learned about Florence Nightingale – the self-sacrificing nurse who helped the sick and the wounded who had survived the war in

the late 19th century. In my imagination, the idea of a nurse as a solicitous, selfless angel began to take shape.

PROVIDERS OF RELIEF, IN MORE WAYS THAN ONE

After my schoolboy brush with the nurses at the mobile clinic, I next encountered these angels at the not-so-tender age of 32, in 1970, when I underwent a simple haemorrhoid operation. That unfortunately escalated into more agony as I was unable to pass water.

I complained bitterly to the nurse and demanded to see my doctor. She told me that he would only come the next morning, gave me some pills to swallow, stroked my forehead and tried to coax me into relaxing and sleeping. I shouted at the nurse and vowed never to go to the hospital again.

The next morning, the good doctor put me on a catheter and I felt instant relief.

Immediately I turned to the nurse and apologised to her for my misbehaviour the day before. She kindly brushed off my apologies, insisting that there was no need to say sorry. That was the one and only time I was hospitalised and to this day I have never forgotten the patience of the nurse, whose name I might have forgotten. The hospital, however, was Mount Alvernia Hospital.

MULTI-TASKERS AND PROBLEM SOLVERS

In 1972, my wife was diagnosed with kidney failure and needed dialysis. She was admitted to a dialysis centre at one of the government hospitals. There were several patients undergoing dialysis concurrently and they were very short-handed. The

tireless nurses had to stay alert and agile throughout. When problems arose, they attended to the emergencies quickly and calmly.

In their few spare moments, the nurses would talk to our family members. For all her years there, my wife never uttered a word of complaint but often told me how grateful she felt for the care she received from the nurses throughout those long and difficult years.

CHILDREN OF MY OWN

When my 6-year-old son was warded in the paediatric ward at Mount Alvernia Hospital, I witnessed the nurses perform multi-tasking feats. They would be administering medicine while whispering soothing words to their small patient, or carrying a baby in their arms while placating a stressed parent. It struck me then that when children require nursing, so do the parents. Besides their young patients, nurses must also attend to the parents who in many cases make more of a fuss than their sick children.

I observed a similar pattern when my 8-year-old daughter was warded for food poisoning. I vividly recall wondering about the source of the nurses' apparently boundless energy. The demands of a paediatric ward were non-stop and the place was incessantly noisy. I remember thinking that this workplace would drive me crazy, yet the nurses took it all in their stride. No wonder that we, as parents, happily entrusted our kids to their care overnight, only to come back to the hospital ward the next morning.

EMBODYING THE SPIRIT OF SERVICE

Over the decades, as infrastructure and sanitation improved, nurses have been largely liberated from the basic task of ensuring that the physical environment is conducive to healing. Modern medical devices have enabled them to more accurately and swiftly monitor the health of their patients so that they can channel their efforts into working alongside doctors

Technology has liberated our nurses from a lot of the tedious chores of the past, so that they can better concentrate on caring for the patient, physically and emotionally and sometimes spiritually.

and therapists, rather than behind them, for the best possible patient outcomes. While this Nightingale-style of nursing may have evolved, the spirit of selfless service remains.

A good nurse is committed to serving his or her patients and rejoices when they recover from their illnesses. Of course not every patient recovers – to lose a patient must be heart-breaking for the

entire care-giving team, but perhaps especially so for the nurse who might have shared warm moments with her patient. A true professional will not allow his or her emotions to undermine his or her commitment to the living. Nurses must smile even when their hearts are breaking.

I think that the spirit of nursing, and the true meaning of service to others, is best summed up in a little poem by the late poet, Rabindranath Tagore, taught to me by my form teacher in Montfort School:

*I slept and dreamt that life was joy.
I awoke and saw that life was service.
I acted and behold, service was joy.*

NURSES OF THE FUTURE

In the 1950s and early 60s, most well-educated girls were discouraged from pursuing nursing as a career. Parents objected on the grounds that nursing was not a respectable profession.

However, times have changed and so have perceptions. Today, nursing has become a popular and respected profession, equally attractive to both men and women. Technology has liberated our nurses from a lot of the tedious chores of the past, so that they can better concentrate on caring for the patient, physically and emotionally and sometimes spiritually. I foresee a bright career path for the ever-evolving nursing profession in Singapore and around the world.

Nurses, I admire you, I thank you and I salute you.

How Does CareShield Life Fit into Your Long-Term Care Plan?

In mid-2018, the Ministry of Health unveiled CareShield Life, the new national long-term care insurance set to replace ElderShield from 2020. Here are some of the key differences and their implications.

HOW CARESHIELD DIFFERS FROM ELDERSHIELD

It will be mandatory for anyone born in 1980 or later (ElderShield is an opt-out scheme).

Premiums start from age 30 (10 years earlier than with ElderShield).

It gives higher monthly payouts (starting at S\$600 a month, compared to S\$300-400 a month with ElderShield).

It gives up to a lifetime of payouts, as long as you remain severely disabled (compared to up to 72 months now with ElderShield).

Its payouts will increase over time until a claim is made (ElderShield payouts are fixed. Its premiums increase with age (ElderShield premiums stay constant).

Months after CareShield Life was announced, people are still talking about the overhaul. One critical question that is being asked is – “Just how does CareShield Life fit into my current long-term care master plan?”

TIME TO EXAMINE YOUR LONG-TERM PLAN

Kudos if you have actually considered the possibility of severe disability (defined as being unable to perform 3 or more ADLs or Activities of Daily Living such as feeding, bathing and going to the toilet) and the need for long-term care.

According to the Ministry of Health, one in two healthy Singaporeans aged 65 could become severely disabled in their lifetime. And about three in 10 will live a decade or more after becoming severely disabled¹. If you are like most folks, your long-term care plan probably comprises three components: ElderShield, personal savings and dependence on relatives. Once you have got an ElderShield cover in place, it is easy to sit back and think, “Okay, I am safe”. The current national long-term care plan provides a monthly cash payout of up to S\$400 that helps with out-of-pocket expenses for five to six years. It is a good start for covering your basic long-term care needs. But if you consider that potential expenses for severe disability can span medical bills to mobility aids and daycare, you will realise that on top of the S\$400,

you may need to tap into your personal savings or turn to family members for financial aid.

That is why CareShield Life makes a more concrete, practical first line of defence against debt due to long-term care. With CareShield Life, you get:

- Higher payouts – starting at S\$600 per month, the payout amount increases until age 67, or when a claim is successfully made
- Longer payouts – you will get payouts for as long as you are severely disabled

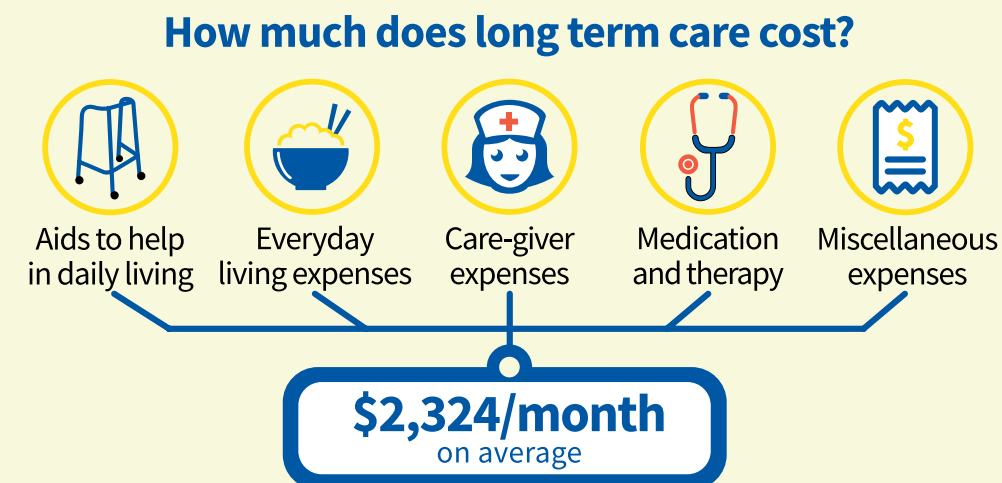
THE REAL COSTS OF LONG-TERM CARE

Now, let us delve deeper into the real costs of long-term care.

Say a 42-year-old becomes severely disabled as a result of an accident.

Would their ElderShield or CareShield Life payouts be sufficient today? It all depends on the individual, their needs and the standard of living they’re used to.

To help put things in perspective, here is a rough idea of the costs of long-term care in Singapore:



Source: Aviva’s Long Term Care Study 2018

And how would the payouts meet their needs 25 years down the road – in the face of rising costs, inflation and potential complications due to ageing?

Now, remember this is just an estimate – you may need more or less, depending on your needs and the lifestyle you are accustomed to. Your actual long-term care needs boil down to how you answer these questions:

- Would severe disability and long-term care wipe out all your savings and become a financial burden on your loved ones?
- Are you willing to settle for a simpler lifestyle in order to manage your long-term care costs?
- Does your family history suggest high likelihood for the need of long-term care?
- Does your retirement plan already factor long-term care costs?

THE FOLLY OF USING YOUR SAVINGS FOR LONG-TERM CARE COSTS

If you have a huge surplus of savings (after setting aside enough for an emergency fund and your dream retirement lifestyle), this could be a temporary solution. As long-term care tends to stretch for many years, it would quickly deplete the funds that you have actually set aside for other financial goals.

And while it sounds simple to dip into your savings for long-term care now, in reality, this may be harder to do depending on when disability strikes. We have sketched out a few likely scenarios.

In your 30s & 40s – should disability strike shortly after you have settled down and have a young family, a big part of your savings would go towards childcare and your home mortgage.

In your 50s & 60s – should disability occur when you are sandwiched between seeing your kids through university and supporting your elderly parents, you will need your savings to provide for them.

The short answer is that your savings are probably best kept for what you intended them for. Tagging on long-term care costs compromises your financial goals.

THE MISSING PIECE IN YOUR LONG-TERM CARE PLAN

Since tapping your savings and getting financial help from relatives are not sustainable ways of managing potential long-term care costs, how do you make your existing coverage work for you?

Whether you are on ElderShield or CareShield Life, there are ways to ensure you get a monthly payout that closely matches your lifestyle needs should you become disabled. To complete your long-term care plan, you can consider options to grow your savings like investments. A less risky solution is to get additional insurance.

Ask your insurance agent about disability insurance, and rest assured that you are planning for the long term.

Source:
¹MOH launches new online tool for public to calculate CareShield Life premiums, TODAY, 27 December 2018

Republished from aviva.com.sg/money-banter



1 in 2 healthy Singaporeans aged 65 could **become severely disabled** in their lifetime and may need long-term care¹.

How ElderShield helps you

ElderShield was introduced in 2002 as a basic long-term care insurance plan to help ease the costs associated with severe disability.

Benefits of ElderShield

- ✓ **Up to S\$400 monthly cash payout in the event of severe disability**
- ✓ **Payouts for up to six years**

But do you know that long-term care can be costly? For example, fees at nursing homes alone can range from **S\$1,200 to S\$3,500 a month**².

How to enhance your coverage

The Ministry of Health has appointed Aviva to offer you an opportunity to supplement your basic ElderShield coverage with **MyCare**.

Benefits of MyCare

- ✓ **Higher monthly benefit from S\$600 to S\$5,000**
(inclusive of basic ElderShield Benefit payout of S\$400 for six years)
- ✓ **Payouts for life or up to 12 years**
- ✓ **Pay premiums via Medisave** – up to S\$600 per calendar year per Life Assured⁴



For more information on ElderShield and MyCare:



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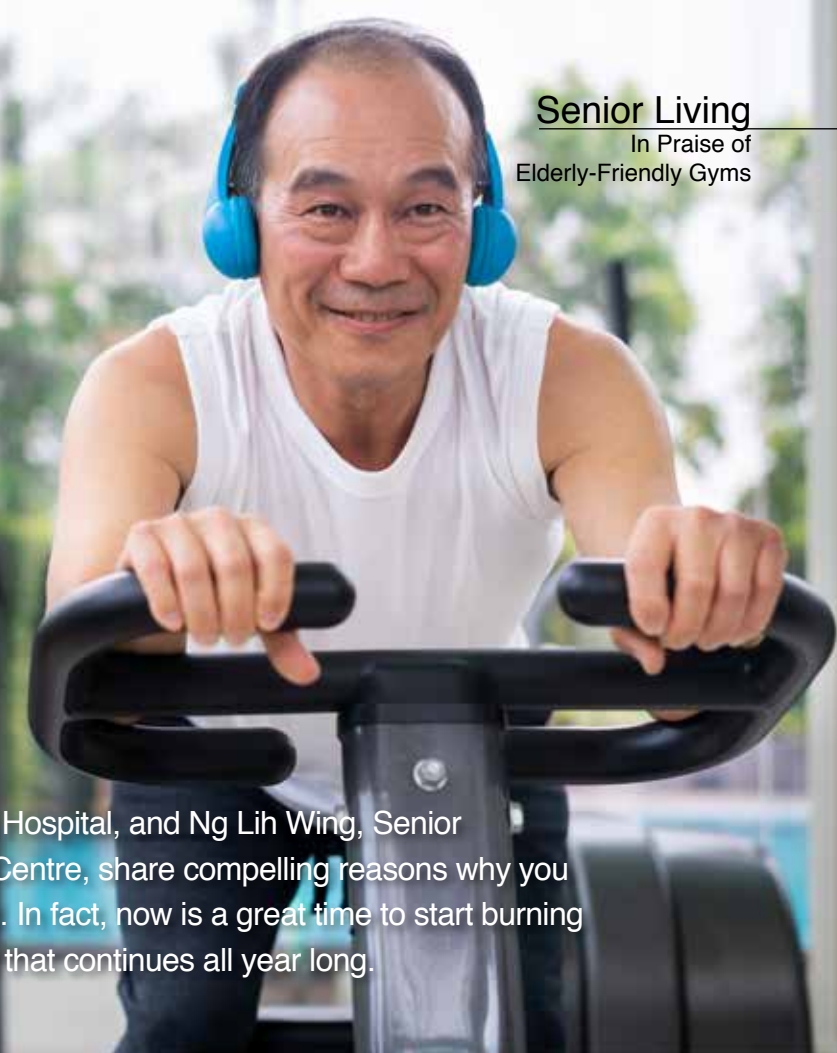
Important notes:

- ¹ Source: Ministry of Health, <https://www.moh.gov.sg/careshieldlife/about-eldershield>
- ² Source: The Sunday Times® Singapore Press Holdings Limited. Extracted with permission. "Singapore nursing home models 'need to balance benefits, cost'", 31 July 2016.
- ³ You can get S\$100 off your first year's premium if your annual premium for MyCare is at least S\$500. T&Cs apply, visit aviva.com.sg.
- ⁴ Premiums exceeding the S\$600 Medisave deduction limit will have to be paid in cash. If there are insufficient funds in the Medisave account, cash payment will be required for the difference.

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In Praise of Elderly-Friendly Gyms

Dr Chan Kin Ming, Geriatrician, Mount Alvernia Hospital, and Ng Lih Wing, Senior Physiotherapist at the hospital's Rehabilitation Centre, share compelling reasons why you should hit the gym when you hit 65 and beyond. In fact, now is a great time to start burning those festive calories and adopt a healthy habit that continues all year long.



WHY SHOULD THE ELDERLY GO TO THE GYM?

According to Dr Chan, regular gym-going promotes all-round improved health and wellbeing.

"Physically, improved muscle strength translates to an older person being able to do things and carry things with greater ease in everyday life. They also feel and look better, tire less easily and have an overall sense of wellbeing," said Dr Chan. "A better sense of mobility and balance also results in fewer falls and therefore, fewer injuries."

Regular exercise at a gym also means that an older person is more socially active. Going to the gym is a good 'excuse' to revive an old friendship, and a great opportunity to form new ones. In turn, social connectivity generally increases happiness and satisfaction with life, which reduces the risk of depression.

"Physical activities are also associated with an improvement in cognitive function and regular gym activities over a long period also reduce the risk of dementia," added Dr Chan.

WHO BENEFITS MOST?

According to Dr Chan, seniors who suffer from mild arthritis can benefit considerably from gym-based exercise. By strengthening the muscles around the arthritic joint, the joint can be protected and the progression of pain arrested. However, he cautioned that the exercise should be gentle enough not to cause further damage to the already sore or painful joint.

In addition, the pre-frail and frail elderly who are not very active or mobile, or whose muscles have become deconditioned from lack of use, will experience significant gains in their overall well-being and confidence.

"The other groups who stand to benefit the most from gym-based experience are the 'fallers' – a term we use to describe the elderly who have the tendency to fall because of lower limb weakness or poor sense of balance," shared Dr Chan.

WHAT MAKES A GYM ELDERLY-FRIENDLY?

While a savvy older gym-goer can navigate a regular gym, not every older person

has the knowledge necessary to do so without risking injury. Fortunately, there is a growing number of personal trainers with specialised expertise in training older people, and a new crop of gyms that are specially equipped for the safety and comfort of older gym-goers.

"In general, elderly-friendly gyms should have smaller weight/resistance increments built into their exercise equipment," shared Lih Wing.

SAFETY CONSIDERATIONS

Both Lih Wing and Dr Chan pointed out that elderly-friendly gym equipment should employ cable resistance, hydraulic or pneumatic systems instead of high-resistance stacked weights. Then, in the event that the older person loses their grip, the weights or cross bars will not come crashing on them and risk causing injury. Ideally, machines should come with back support, arm rest support and special features like rotating seats that enable elderly users to move on and off the equipment with ease.

“The gym should include elderly-friendly balancing equipment such as the Bosu ball, soft standing foam, and steps for balance training, together with a range of equipment that facilitates ‘light’ and ‘big’ movements to exercise the joints through their available range of motion,” added Lih Wing.

Safety and accessibility are also key factors in making a gym ‘elderly-friendly’.

“The placement of equipment is important. It should be reasonably spaced out, with rest stations close by,” advised Dr Chan. “The environment should be bright enough for the elderly person to see, but not glaring. Even the background music should cater to older users’ tastes.”

Dr Chan added that instructions should be clearly legible, with the option of audio instructions. Ideally, the equipment’s settings should be customisable to suit the individual, and their settings recalled through a memory function or via a smart card.

Dr Chan also supports the idea of gyms exclusively for the elderly.

“An ‘elderly only’ membership helps make the older gym-goers feel comfortable and not rushed,” said Dr Chan. “It should also be affordable to encourage the elderly to join the gym.”

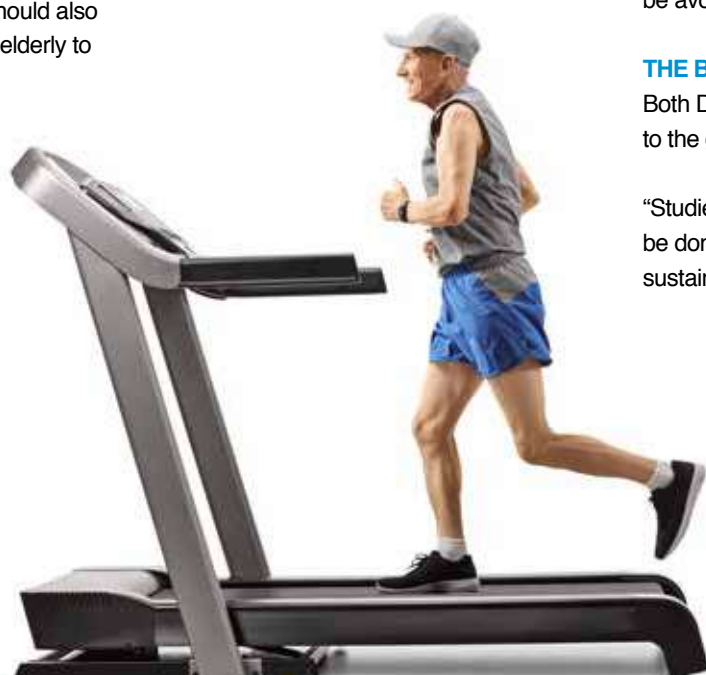
EXERCISE DO’S AND DON’TS

Since fitness levels vary wildly among seniors, there is no fixed list of do’s and don’ts. However, there are a set of general guidelines for elderly gym-goers. First and foremost, Dr Chan urges seniors to have their health and physical fitness assessed before joining a gym.

“Some of the elderly may have a heart condition or a joint or back problem that they may not even know about. As such,

“An ‘elderly only’ membership helps make the older gym-goers feel comfortable and not rushed. It should also be affordable to encourage the elderly to join the gym.”

Dr Chan Kin Ming



some exercises could be harmful to their pre-existing condition,” explained Dr Chan. “In general, gyms are suitable for older people with a stable heart and lung condition, whose joints are generally supple and, at most, suffer from only mild arthritis and who are pre-frail or frail due to inactivity.”

For strength building, Dr Chan recommends resistance exercises like weights and resistance bands. For stamina building, he suggests brisk walking or jogging on a treadmill, cycling exercises and stepping. He also recommends tai chi and yoga for improving balance, but cautions that balance exercises should always be done under the supervision of a trainer.

In terms of actual equipment, Lih Wing recommends the following machines for elderly users: upper and lower extremities ergometer, leg press, elliptical trainer and hip rotatory trainer for strengthening and fitness. She recommends the chair stand and step climber for functional training, static and dynamic balance training and reaction time training for overall balance.

“In general, high-speed and high-impact equipment, such as the trampoline, should be avoided,” advised Lih Wing.

THE BENEFITS OF A GYM BUDDY

Both Dr Chan and Lih Wing agree – going to the gym is better with a friend.

“Studies have shown that exercise should be done with a ‘buddy’ or friends to be sustainable. While we exercise and chat



at the same time or in between each set of exercises, we tend to be able to exercise longer and yet perceive that we are exerting ourselves much less. This is the ‘distraction hypothesis’ in exercise physiology,” said Dr Chan, deferring to science to explain the benefits of exercising with company.

“Patients who exercise with a gym buddy have better exercise compliance, that is, they are more likely to stick to the exercise programme. They provide a source of emotional support and motivation for each other,” said Lih Wing, drawing on first-hand experience.

FRIENDSHIPS EXTEND BEYOND THE GYM

Of course, friendships made in the gym are not confined to the gym. Janice Chia, the founder of ASPIRE55 – Asia’s first virtual retirement village, shared that many of her senior members have fostered new friendships that extend beyond the gym. After their gym sessions, they go out for meals together and invite each other to social gatherings. In addition, they sign up for external group activities.

“One of our aims is to increase social engagement amongst our older adults. Our members have been actively participating in our physical activities outside the clubhouse such as nature reserve walks, hiking trails, Taiko drumming, archery, dragon boating and rock climbing. During our Okinawa holiday, the group went caving and trail hiking too. In September, a group visited Nepal for a hiking trip to Poon Hill summit,” shared Janice.

Improved fitness, acquired in the gym, emboldens older people to embark on physical adventures, from travel to sports, including a 5km race at the Standard Chartered Marathon 2019 that they may never have experienced even in their younger years.

CHOOSING AN ELDERLY-FRIENDLY GYM IN SINGAPORE

The good news is, seniors in search of an elderly-friendly gym in Singapore have more choices than ever.

The first of the crop of clubhouses with elderly-friendly gyms opened in 2014 in the

ASPIRE55 clubhouse at Commonwealth Lane, followed by a second clubhouse at Waterloo Street. Both facilities are equipped with pneumatic machines imported from Finland, and boast a back-end system that enables the trainers to customise the strength training programme according to the level of the user’s fitness or physical capability level.

Just last year, plans were announced by the government to build more gyms catering to the elderly and disabled in mature Housing Development Board (HDB) estates. The first gym opened in Ang Mo Kio Community Centre in July this year. More elderly-friendly gyms are slated to open at Senja-Cashew, Fernvale and Pek Kio.

In addition, more organisations are offering elder-friendly exercise programmes. The Lien Foundation’s Gym Tonic is a strength-training programme that uses pneumatic machines for core strengthening and taps on software to track users’ progress. Seniors can join the programme at the Active SG Gym @ Our Tampines Hub and the Methodist Welfare Services Senior Activity Centre in Fernvale.

STAY FIT FOR LIFE

If you’re getting on in years, get the green light from your doctor and join a gym or an exercise class. Better still, bring a friend. Get fit and stay fit – for life!

Tips for a Healthy Hotpot



Dietitians from the Nutrition and Dietetics Department, Mount Alvernia Hospital, help us navigate the vast array of soup broths and ingredients to assemble a healthy hotpot.

WHAT IS HOTPOT?

Hotpot, also known as steamboat, is a popular hearty meal of a simmering pot of soup – with raw meat, seafood, vegetables and other ingredients placed in the broth to cook. The meal is accompanied with dipping sauces for cooked food.

Hotpot has its origins in China, and there are many varieties. Sichuan or Chongqing hotpot was one of the first to gain popularity and remains an attractive option for hotpot enthusiasts. There are also Japanese versions (shabu-shabu), Korean types (army stew and some with barbeque grills) and many others which have made their way to Singapore and beyond, attracting their own fans along the way.

Different flavours of soup broths depend on the type of soup base and the sauces, spices and meats added. Spicy hotpots are popular, and typically contain dried whole chillies, a spicy soup base and peppercorns.

SCRUTINISE YOUR SOUP

Relatively healthy hotpot broths include those made from chicken, pork or fishbone; mushroom and cabbage.

Moderately healthy broths include those made from shrimp, pork stock as in bak kut teh, spicy Sichuan and collagen.

Less healthy soups include those made with fatty meats like pig stomach and coconut milk, for example laksa.

A typical hotpot broth exceeds 7,000mg of sodium per serving, surpassing the recommended daily allowance of 2,000mg per day (or 1 teaspoon of salt). So, reduce your intake of the broth.

Study Your Ingredients

Meat and Seafood	Other Proteins	Vegetables	Sides/ Accompaniments
Chicken (including intestines, liver and kidney)	Tofu (including cheese-filled ones)	Leafy vegetables (variety, including lettuce, cabbage and spinach)	Rice
Beef	Tau pok	Mushrooms	Noodles
Pork (including pig brain, pork belly, intestines, liver and kidney)	Eggs	Corn	Deep fried fish skin
Fish	Dumplings	Potatoes	Deep fried beancurd skin
Prawns	Crabsticks	Bamboo shoots	Fried tofu
Squid	Luncheon meat	Winter melon	Chicken nuggets
Cuttlefish	Sausages	Lotus root	Chicken wings
Scallops	Meatballs	Yam	
Cockles	Fishballs	Radish	
Crab	Cuttlefish balls		
Lobster			

Your hotpot meal can vary widely in nutritional value depending on the ingredients you choose. Low-calorie items that are good choices include vegetables, tofu and lean meats such as chicken and fish. Fried sides, offal (or internal organs) and fatty cuts of meat like pork belly and shabu-shabu are much higher in calories and fat. A 50g serving of pork belly has 230 calories and 20g fat, which is equivalent to a curry puff.

Meatballs, luncheon meat and sausages are processed and high in sodium, and even more so if they are combined with salty broth and dipping sauces. Having 10 fish balls, meatballs or cuttlefish balls cooked in broth with dipping sauces at one sitting will exceed your daily recommended sodium intake.

Too much high-fat foods can lead to weight gain and chronic conditions such as heart diseases. Eating lots of salty foods frequently increases your risk of high blood pressure and kidney problems.

HOW TO ASSEMBLE A HEALTHY HOTPOT

Choose a clear or light-flavoured soup to cook your ingredients, such as cabbage or mushroom soup, and limit your intake of the broth.

Some varieties such as spicy broths are high in fats as well, due to the large amounts of oil.

Base your hotpot meal on vegetables by choosing more fresh vegetables such as spinach, cabbage, lettuce and mushrooms than anything else.

For meats, choose lean meats such as fresh chicken or fish instead of fatty meats. Tofu is also a good source of lean protein but limit processed foods and offal.

Watch the fried sides and sweet drinks. These common items on hotpot restaurant menus add a lot of calories to your meal. Choose non-fried sides and unsweetened drinks such as water.

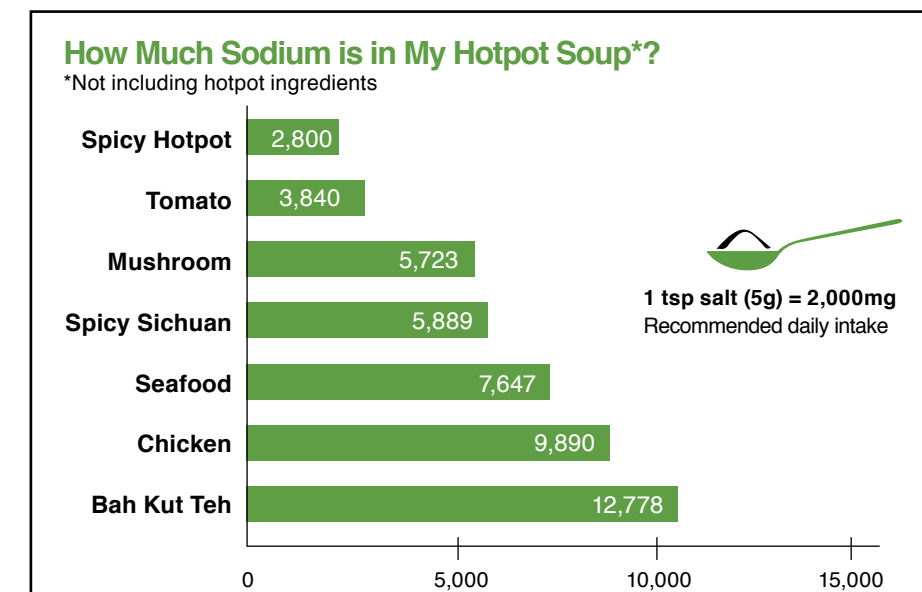
Go easy on the dipping sauces. Choose minced garlic and fresh cut chilli with a little soy sauce instead of deep-fried garlic and oil-based sauces such as chilli oil or sesame oil.

Ensure your ingredients especially meat are fully cooked in order to prevent food poisoning.

If you have barbeque with your hotpot, avoid burning ingredients and be sure to remove charred portions of meat. Harmful compounds are formed in burnt meats, which increase the risk of cancer.

Finally, limit your hotpots to once or twice a month, especially if you are having spicy broths and ingredients high in fat and sodium. However, if you choose fresh ingredients and clear soups, you can indulge more frequently. If you are making hotpot at home, choose fresh ingredients and low-sodium stock cubes or your own homemade broths for the soup.

Enjoy your healthy hotpot, and continue to make good dietary choices in general, so that you do not find your health under fire.



Sources:
<https://www.healthxchange.sg>

Health Promotion Board – Energy and Nutrient Composition of Food

<https://www.healthhub.sg>

The Lowdown on Low-Carb Diets

‘Low-carbohydrate diets’ are one of the most searched topics on the Internet today. A popular variant of the low carbohydrate diet is the ‘ketogenic diet’, which prioritises high fat intake for weight loss. Dietitians from the Nutrition and Dietetics Department, Mount Alvernia Hospital, shed light on the hype.

WHAT IS A LOW-CARB DIET?

Carbohydrates are a macronutrient found in many foods and drinks – and are important as our body’s main fuel source.

Carbohydrate recommendations from various countries range from 45 to 65 percent of our daily calories. A low-carbohydrate (low-carb) diet emphasises foods high in proteins and fats, limits (or even excludes) most rice, noodles, bread, pasta, legumes, fruits, sweets, starchy vegetables and dairy products. This diet reduces carbs to below 45 percent of our daily calories.

Some examples of low-carb diets are the ketogenic, low-carb high-fat (LCHF), the Paleo and the Atkins diets. Each has different restrictions on the types and amounts of carbohydrates you can eat.

ARE THERE BENEFITS IN FOLLOWING A LOW-CARB DIET?

Yes, health benefits have been demonstrated – such as weight loss and lowered risk of chronic diseases including diabetes and cardiovascular diseases.

There are several theories for what causes weight loss:

1. Feeling full for longer periods (because proteins and fats digest slower than carbohydrates), resulting in a tendency to eat less
2. Minimal carbohydrate intake resulting in lower levels of insulin and ghrelin – hormones that make us feel hungry
3. Consuming fewer calories from sugary snacks and drinks such as cakes, ice-cream and soft drinks – because the diet limits or even excludes their intake

However, few long-term studies have been conducted on low-carb diets. Therefore, the health benefits of sticking to such a diet beyond one year have yet to be determined.

Now let’s look at a popular low-carb diet that has been trending worldwide – the ketogenic diet.

The ketogenic diet is a low-carb diet which limits carbohydrates to as low as 5 percent of your daily calories – while upping your amounts of fats and proteins.

THE KETOGENIC DIET

According to the Harvard School of Public Health, the ketogenic diet is a low-carb diet which limits carbohydrates to as low as 5 percent of your daily calories – while upping your amounts of fats and proteins. When our body does not have enough glucose from food, the fats which are stored in our body are broken down to form ketone bodies. These ketone bodies enter the bloodstream and are used by our body cells and brain for energy – until more carbohydrate-rich foods are consumed again.

Some examples of ketogenic-friendly meals are scrambled eggs cooked in butter, salmon with asparagus drizzled with olive oil and beef with spinach cooked in coconut oil. Such meals differ from local dishes which are based on starchy carbohydrates such as noodles or rice. Thus, adapting the ketogenic diet to our local context may be difficult as one may need to forgo many local yummys like fried Hokkien mee or chicken rice, which are perennial favourites.

BENEFITS AND RISKS OF THE KETOGENIC DIET

The review by Harvard University states that, if done correctly, the ketogenic diet can be linked to weight loss and lower risks of cardiovascular diseases and diabetes in the short term. It also has good evidence as a therapy for epilepsy in children.



However, many online followers are led to believe that components of the ketogenic diet including coconut oil, butter, lard, processed meat and red meat are beneficial for one's health. Unfortunately, their high fat – including saturated fat – and sodium content can instead lead to weight gain, high blood pressure and increased risk of heart attacks and strokes. The World Health Organisation warns of an increased colorectal cancer risk of around 18 percent for every 50g portion of processed meat or 100g red meat consumed daily.

Sadly, these points are not highlighted in most online sources promoting the diet – which can be misleading.

Additionally, the sustained weight loss and prevention of chronic diseases claimed by the ketogenic diet in the long term are not yet proven. According to the review by Harvard University, it also states that adherence to the diet tends to wane over time.

There are side effects commonly experienced by followers of the ketogenic

diet. These include nausea, vomiting, constipation, headaches, bad breath, mental and physical tiredness. In serious cases, one may need to seek immediate medical attention.

If you wish to lose weight, choose a plan that is nutritionally balanced, and consider your current medical conditions and lifestyle.

WHAT IS THE BEST DIET FOR LOSING WEIGHT?

Recommendations for weight loss from dietitians (from The Academy of Nutrition and Dietetics) include having nutrient-rich foods from different food groups and complementing one's lifestyle with adequate exercises. Nutrient-rich foods

include lean protein, wholegrains, low-fat dairy products, plenty of vegetables and fruits and unsweetened drinks. The Health Promotion Board of Singapore supports these guidelines and also recommends 150 minutes of moderate-intensity exercises each week.

Check with your doctor before embarking on a significant diet change, especially if you have medical conditions. A diet high in proteins and fats (especially saturated and trans fats) may worsen certain kidney and heart conditions respectively. People with diabetes, who are on medications or insulin, should be careful of the potential risk of low blood sugar.

If you wish to lose weight, choose a plan that is nutritionally balanced, and consider your current medical conditions and lifestyle. Bear in mind that any dietary changes, in order to be effective, need to be sustainable over the long term.

Sources:
Harvard University
<https://www.hpb.gov.sg>

BUSTED

Common Diet Myths

✗ Some Sugars Are 'Healthier' Than Others

Table sugar, agave, honey, and high-fructose corn syrup contribute similar amounts of calories (between 48 and 64 a tablespoon). To date, research shows that our bodies absorb added sugars like high-fructose corn syrup and table sugar in a similar way. Instead of avoiding one particular kind of sugar, try to limit added sugars of any kind, like those in soda, candy and other sweets.



✗ Coffee Is Bad for You

Coffee, when consumed in moderation (2 to 3 cups daily), is a safe part of a healthy diet and contributes antioxidant phytochemicals. In fact, research suggests coffee may help reduce the risk of Type 2 diabetes, gallstones, Parkinson's disease, and even some cancers. So enjoy your cuppa, but go easy on the cream, sugar, and flavoured syrups.



✗ The Less Fat You Eat, the Better

Your body needs food from three main food groups to thrive – namely proteins, carbohydrates and fats. Healthy fats found in foods like nuts, seeds, fish, avocado, olives, and low-fat dairy give you energy,

help rebuild cells, and produce important hormones. In general, you should avoid saturated and trans fats found in foods like butter, high-fat dairy, red meat and many processed foods, and eat healthy fats in moderation.

✗ Sea Salt is Lower in Sodium than Table Salt

By weight, sea salt and other gourmet salts have about the same sodium as plain old table salt. Go easy on salt of any kind, and add flavour to your meals with pepper, herbs, and spices instead.



Sources:
<https://www.webmd.com>

Happy Low-Carb Christmas and a Healthy New Year!

You'd be surprised how many traditional festive dishes actually fall into the low-carb category. If you are following a low-carb diet, avoid potatoes, stuffing, thick gravies and sauces, cakes and cookies made with sugar and white flour, and commercial custard. Instead, indulge moderately in lean white meat like turkey and chicken, salmon fillets and fish, veggie-based dips and creative desserts that avoid flour and sugar such as fruit and yoghurt trifle and avocado chocolate mousse.

Eat, drink and be moderate!



Roast Turkey



Spinach Dip



Roasted Pork Tenderloin



Fruit and Yoghurt Trifle



Baked Salmon



Avocado Chocolate Mousse

What's in My Bubble Tea?

Not all bubble teas are created equal in terms of sugar content and calorie count. Our dietitians from the Nutrition and Dietetics Department, Mount Alvernia Hospital, lift the lid on your favourite drink.

WHAT IS BUBBLE TEA AND WHERE IS IT FROM?

Bubble tea is a wildly popular drink in Singapore and its variety seems to have exploded over recent years. With the basic brew consisting of tea, milk, creamer, sugar and tapioca pearls, bubble tea is ubiquitous on our sunny island but what is its nutritional value and how much of it should we be drinking?

TEA IS GOOD FOR YOU – BUT NOT EVERYTHING THAT IS ADDED TO IT

Drinking green tea and black tea has been associated with reduced risk of cardiovascular disease, diabetes, arthritis and even cancer. This is due to their polyphenols which have anti-inflammatory and antioxidant properties.

However, when ingredients like non-dairy creamer and toppings are added in, the increase in fat and sugar content increases the risk of chronic diseases. For instance, non-dairy creamer contains trans fat in the

form of hydrogenated palm oil which has been strongly correlated with increasing the risk of heart disease and stroke.

Another thing to consider is the amount of sugar present in a cup of bubble tea. A medium-sized 500ml bubble milk tea with pearls and the full amount of sugar has 8 teaspoons of sugar and 335 calories. The larger 700ml size has 11 teaspoons of sugar and 469 calories. The growing popularity of newer varieties such as honey pearls or brown sugar syrup would mean exceeding the Health Promotion Board's (HPB) recommendation of 8 to 11 teaspoons of sugar per day for adults – all in a single drink! Children and teenagers should be having even less, with HPB recommending less than 5 teaspoons of sugar each day.

Ultimately, bubble tea is still considered a sugar-sweetened beverage – placing it among the likes of soft drinks, energy drinks and 3-in-1 instant coffees and teas.

Sugar in Bubble Tea

Brown Sugar Milk Tea with Pearls	18.5 tsp of sugar
Winter Melon Tea	16 tsp of sugar
Jasmine Green Tea with Fruits	8.5 tsp of sugar
Passionfruit Green Tea	8.5 tsp of sugar
Mango Green Tea	8 tsp of sugar
Milk Tea with Pearls	8 tsp of sugar
Avocado Tea with Pearls	7.5 tsp of sugar

*All 500ml with 100% sugar. 1 teaspoon = 5g of sugar.
*By comparison, a can of regular cola has 7 teaspoons of sugar.

WHAT ARE SOME HEALTHIER OPTIONS FOR TOPPINGS?

Not all toppings are equal in their amount of energy. Choose a lower calorie option if you want to go for toppings, for instance aloe vera, herbal jelly or white pearls instead of the classic black tapioca pearls – or skip the toppings altogether.

Calories in Bubble Tea Toppings

Milk Foam	203
Cheese Foam	160 to 200
Tapioca Pearls	156
Oreo	116
Pudding Jelly	89
Coconut Jelly	76
Rainbow Jelly	71
Herbal Jelly	57
Oat Cereal	54
Ai Yu Jelly	45
Red Bean	45
White Pearls	42
Aloe Vera	31

*Take note that jellies and pearls are kept in a sweet syrup before serving to keep them moist, thus adding to the sugar content of your drink

CAN I MAKE DRINKING BUBBLE TEA A GUILT-FREE EXPERIENCE?

Do bear in mind that the calories in one medium cup of bubble tea rival that of a slice of cheesecake, so limiting your intake is important if you are watching your weight. Here are some tips to improve the nutritional content of your bubble tea!

1. Choose a smaller cup with lesser sugar (30 percent and below) or with sweetener if available
2. Order a lower calorie topping or no toppings at all
3. Ask for fresh milk (low fat or skimmed milk is better)
4. Limit yourself to one to two bubble teas in a week. You can share with a friend instead of buying one each – to split the calories and save money too.
5. Plain teas such as green tea, oolong tea and black tea are available from many bubble tea outlets – and these have zero calories.
6. Reduce the sugar level step by step. A gradual reduction will help to train your taste buds over time so that you will not crave for sugary drinks as much.

Some bubble tea shops do not allow customers to choose the sweetness level or change the toppings, so choose a place which allows you to make these healthier choices.

Rethink Your Drinks

We count calories and plan healthier choices for our food to get optimum nutrition, but often neglect to do the same for drinks. Here are some simple tips for healthier drinking.

Water down the calories

No drink is healthier than good old plain water. You can also try flavoured water. Just dunk your favourite cut fruits into a jug of cold water. Try oranges, strawberries, honeydew, and kiwi, or mix and match to find your favourite combination. You may also try adding a sprig of fresh herbs such as mint or basil. Go easy on the added sugar as these drinks already contain their own natural sweetness.

Look for the Healthier Choice Symbol (HCS)

Look for the HCS at the supermarket or convenience store. Drinks with this logo contain at least 25% less sugar compared to regular sweetened beverages or products from the same food category.



Go Sugar-free

Challenge your taste buds to adapt by going completely sugar free. When you have gotten used to the taste, go for drinks such as green tea and fruit-infused sparkling water.

BYO (Brew Your Own)

Brew your own drinks to control the amount of sugar in them.



Chrysanthemum tea and barley water are both fairly easy to prepare, and raw ingredients such as dried chrysanthemum flowers, barley seeds and sugar can be easily found at Chinese medical halls or in the dried goods section at most supermarkets.

Juice Up

For a sweet and nutritious pick-me-up, replace your soda with a cup of juice. However, limit your intake to one cup per day, as juicing removes the fibre and satiation that comes with eating fruit. For a healthier alternative, try juice blends instead, and leave the skin on fruits such as apples, pears and grapes so you do not miss out on the most nutritious bits.



Go Easy on the Syrup and Toppings

Soya bean milk is a good source of calcium that is also lactose-free and good for you – until sugar syrup is ladled in. Cut the syrup to 25 percent, or down to zero if you can handle it.

Say 'Siu Dai'

At the coffee shop, say 'siu dai' (less sweet) with your regular order of teh or kopi and you will be cutting out about one-and-a-half teaspoons of sugar from your daily cuppa.

Source:
<https://www.healthhub.sg>




































The Growing Popularity of Plant-Based Diets

Dietitians from the Nutrition and Dietetics Department, Mount Alvernia Hospital, explain what constitutes a plant-based diet and why it could be good for your health and the environment.

WHAT EXACTLY IS A PLANT-BASED DIET?

A plant-based diet is made up mostly of plant foods such as vegetables, fruits, wholegrains, legumes, nuts and seeds. These are high in fibre, vitamins, minerals, antioxidants and phytonutrients and usually lower in calories compared to other foods. Plant-based diets do not necessarily exclude meat but they imply that you are choosing more food from plant sources while cutting down on meat. Vegetarian and vegan diets can be considered plant-based diets.

Types of Vegetarian Diets

	Excludes	Includes
Lacto-ovo-vegetarian	 	  
Lacto-vegetarian	  	 
Ovo-vegetarian	  	 
Semi-vegetarian or Flexitarian	 	     
Pescatarian		    
Vegan	      	

Legend



IMPACT ON PERSONAL AND ENVIRONMENTAL HEALTH

Plant-based diets have health advantages. According to a report by the USA Dietary Guidelines Advisory Committee (DGAC), a diet higher in plant-based foods, but lower in animal-based foods and calories is good for your health.

Furthermore, Harvard University's health blog states that plant-based diets such as the Mediterranean diet carry a lower risk of chronic diseases, certain cancers, depression and frailty in old age. The blog also mentions that vegetarian diets carry similar benefits – as well as greater longevity.

Plant-based diets are also better for the environment. The DGAC states that plant-based diets are associated with lower greenhouse gas emissions and less water, land and energy use.

THE BEEF ABOUT MEAT

According to the Food and Agriculture Organization, 15,400 litres of water are needed to produce 1kg of beef and the demand for meat worldwide is expected to rise 73% by 2050. In contrast, only 322 litres of water are needed to grow 1kg of vegetables. Thus, there is a greater push for people to consider more plant-based diets not only for their health benefits but also for the environment.

PLANT-BASED MEATS AND MEAT SUBSTITUTES

Plant-based meats or meat substitutes are making waves in the consumer market. These use biotechnology and food science to create the taste, texture and appearance of meat with a far lower environmental impact compared to traditional meat. These meat substitutes are 100% plant-based and considered vegan. Meat substitute companies are also working on developing plant-based fish, chicken, bacon, milk and cheese.

Although such meat substitutes are undeniably better for the environment, many of these food substitutes contain coconut fat, which is high in saturated fat. They could also be deep-fried or served with deep-fried sides. So, depending on their composition and method of preparation, consuming too much of these meat substitutes can still harm your health.

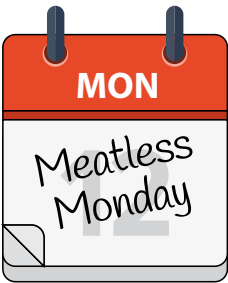
If you are exploring a vegetarian or vegan diet, remember to substitute meat and animal products with plant foods that give your body the nutrients it needs in order to avoid nutrient deficiencies.

TIPS TO GET YOU STARTED ON A PLANT-BASED DIET

Getting started on a plant-based diet is as easy as building your meals around vegetables. For example, fill half your plate with a variety of vegetables.

Depending on your chosen plant-based diet, replace some or all of your meat with beans, legumes and soy protein such as tofu.

Choose one day of the week to go vegetarian. Meatless Monday is a global movement that encourages people to not eat meat on Mondays – to improve health and protect the environment.



Be realistic and choose a diet that suits your lifestyle and any medical conditions you may have. For example, certain patients with kidney disease should avoid fruits and vegetables that are high in potassium.

If you are exploring a vegetarian or vegan diet, remember to substitute meat and animal products with plant foods that give your body the nutrients it needs in order to avoid nutrient deficiencies. For example, meat and dairy products are high in zinc, iron and calcium. To get these nutrients on a vegetarian or vegan diet, you can choose tofu, leafy vegetables, legumes, nuts, seeds and calcium-enriched soymilk instead.

Finally, get creative in the kitchen and enjoy discovering the exquisitely subtle and diverse flavours of nature's green bounty.

Sources:
<https://www.businesstimes.com.sg>
<https://www.ncbi.nlm.nih.gov>
<https://www.health.harvard.edu>



Jaselle Goh Qi En
Born 9 April 2019



Belle Lin Zi Shan
Born 11 June 2019



Lim Yu Zhe
Born 5 July 2019

Moments of Alvernia Babies

What are your warm, sweet or loving moments with your child at Mount Alvernia Hospital?

Snap away and stand a chance to be featured with your child in the next issue of My Alvernia magazine. Open to all Mount Alvernia Hospital followers on our Facebook and Instagram accounts. Selected photos will be featured and published quarterly in My Alvernia magazine.

Check-in at our hospital or include the following hashtags: **#AlverniaLadies #AlverniaBaby #MountAlverniaHospital**.

Your account will have to be public so that we can see your photos. Terms and conditions apply.



Jaden Augustine Gajo Consuelo
Born 13 August 2019



Arissa Lim
Born 23 November 2019



#mtalverniahospital



#mtalverniahospital

Parentcraft



One day, you will answer questions from your child.
For now, let us answer yours.

Just like how children are curious about many things,
it is natural for you to have questions about childbirth and newborn care as you begin your parenthood journey.

Get your questions answered at the Alvernia ParentCraft Centre, where our experienced nurses and consultants offer handy advice and guidance on postnatal, nursing and newborn care. Childbirth Education classes are also available for mothers-to-be and their spouses.

To make an appointment or sign up for Childbirth Education classes, please call **6347 6641** or email parentcraft@mtalvernia.sg.



Serve all with Love

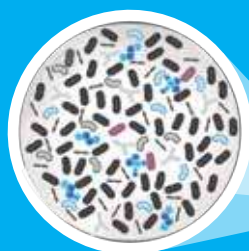
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DO YOU KNOW THAT **C-SECTION** & **NATURAL** DELIVERY BORN CHILDREN ARE DIFFERENT?

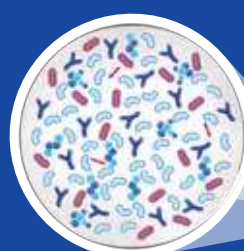
C-SECTION DELIVERY



- Higher levels of potentially bad bacteria¹
- Lower levels of good bacteria¹



NATURAL DELIVERY



- Higher levels of good bacteria^{2,3}



The gut's role is more than just digestion and absorption of food. 70-80% of immune cells¹ are located within your child's gut.

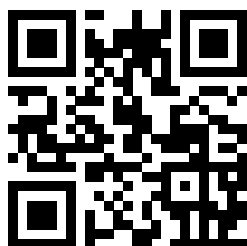
SUPPORT YOUR CHILD'S IMMUNE SYSTEM[^] WITH



PREBIOTICS[^]



PROBIOTICS
BBM-16V



SCAN HERE TO
READ MORE ABOUT
BBM-16V

¹ Chin Chua M, et al. JPGN, 2017;65:102-106

² Roger LC et al, Microbiology, 2010, 156(11):3329-41

³ Mitsuoka, T. 2014. Establishment of intestinal bacteriology. Biosci Microbiota Food Health 33, 99-116

[^] scGOS/lcFOS(9:1)